LANDMARK DESIGNATION REPORT

MUNICIPAL TUBERCULOSIS SANITARIUM COMPLEX

SANITARIUM BUILDINGS IN THE BLOCK GENERALLY BOUNDED BY NORTH PULASKI ROAD ON THE WEST, WEST PETERSON AVENUE ON THE NORTH, NORTH CENTRAL PARK AVENUE ON THE EAST, AND WEST BRYN MAWR AVENUE ON THE SOUTH

Final Landmark Recommendation adopted by the Commission on Chicago Landmarks, Nov. 1, 2018

CITY OF CHICAGO
Rahm Emanuel, Mayor

Department of Planning and Development
David Reifman, Commissioner

The Commission on Chicago Landmarks, whose ten members are appointed by the Mayor and City Council, was established in 1968 by city ordinance. The Commission is responsible for recommending to the City Council which individual buildings, sites, objects, or districts should be designated as Chicago Landmarks, which protects them by law.

The landmark designation process begins with a staff study and a preliminary summary of information related to the potential designation criteria. The next step is a preliminary vote by the landmarks commission as to whether the proposed landmark is worthy of consideration. This vote not only initiates the formal designation process, but it places the review of city permits for the property under the jurisdiction of the Commission until a final landmark recommendation is acted on by the City Council.

This Landmark Designation Report is subject to possible revision and amendment during the designation process. Only language contained within the designation ordinance adopted by the City Council should be regarded as final.

CONTENTS

Map 5

Tuberculosis: The Great White Plague 7

Life in 19th Century Chicago 8

Treating Tuberculosis 11

20th Century: Cleaning Cities and Controlling Tuberculosis 14

Dr. Theodore Bernard Sachs (1868-1916) 16

Founding the Chicago Municipal Tuberculosis Sanitarium 18

Design and Materials 25

History of the Municipal Tuberculosis Sanitarium 28

Architects and Landscape Architects 34

Building Catalog 41

Criteria for Designation 64

Significant Historical and Architectural Features 68

Bibliography 69

MUNICIPAL TUBERCULOSIS SANITARIUM COMPLEX

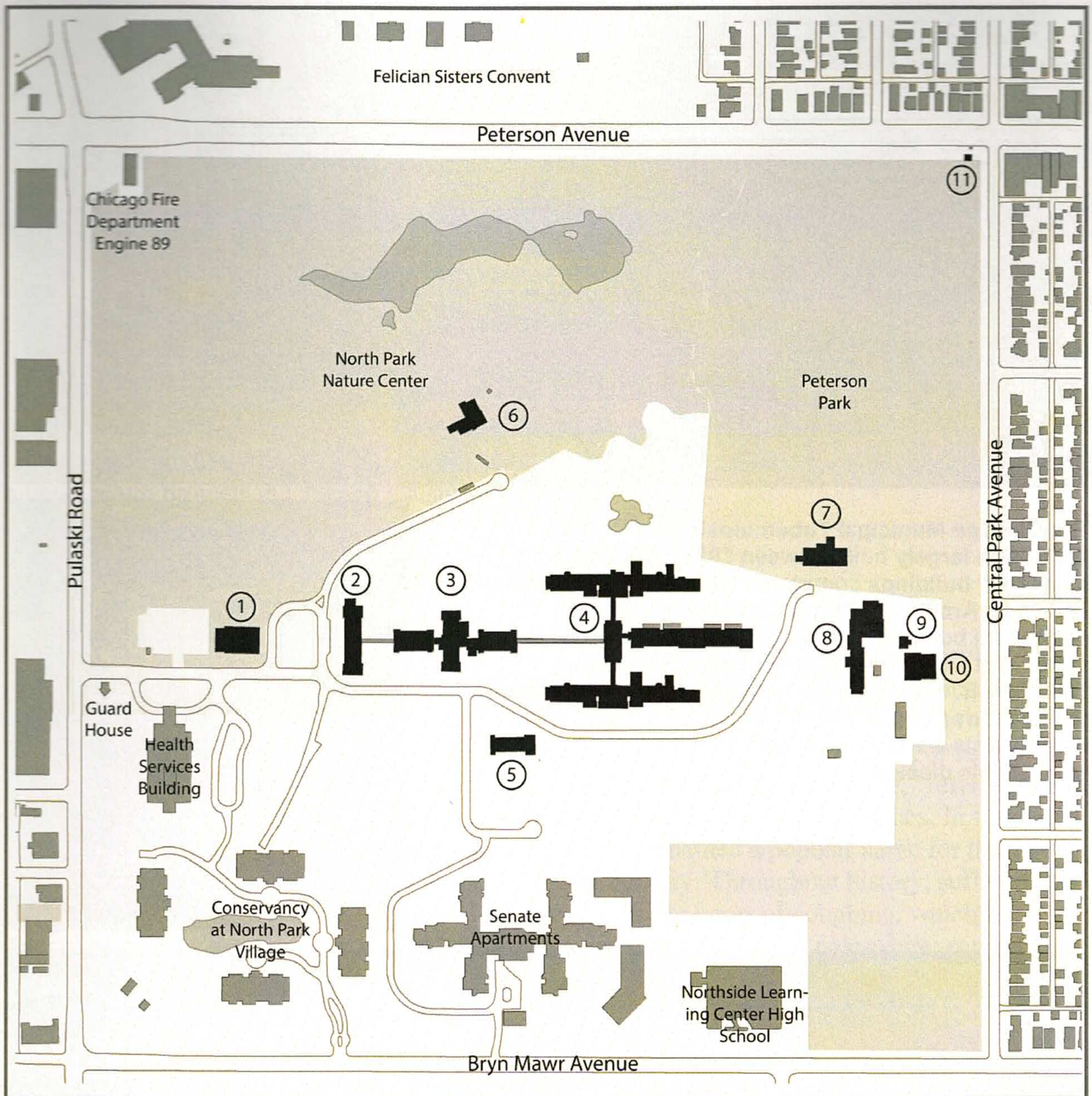
BUILDINGS IN THE BLOCK GENERALLY BOUNDED BY NORTH PULASKI ROAD ON THE WEST, WEST PETERSON AVENUE ON THE NORTH, NORTH CENTRAL PARK AVENUE ON THE EAST, AND WEST BRYN MAWR AVENUE ON THE SOUTH

PERIOD OF SIGNIFICANCE: 1911-1939

The Municipal Tuberculosis Sanitarium Complex, currently the site of North Park Village, was one of the largest facilities built in the United States to treat one of the deadliest diseases in human history. The 160-acre institution was built on Chicago's far northwest side in the North Park neighborhood. The sanitarium was the manifestation of Chicago's "I will" spirit – the determination to control and defeat the spread of tuberculosis. The sanitarium consists of eleven structures built between 1911 and 1939.

During the late 19th century, tuberculosis accounted for about twenty percent of all deaths. Leading a progressive charge against the disease during the 1900s, Dr. Theodore B. Sachs helped make tuberculosis a primary health concern in Chicago, and he showed that there was a need for a dedicated institution to treat the disease. The development and design of MTS as an effective facility owed much to Dr. Sachs' authority on the treatment of tuberculosis. As one writer for the *Journal of the Outdoor Life* wrote in 1916, "The architect designed, but it was Dr. Sachs who breathed his genius through everything."

The Municipal Tuberculosis Sanitarium (historically known by the acronym "MTS") was an effective component in Chicago's charge against tuberculosis. C. A. Anderson wrote in *The Brickbuilder* in 1915 that, "the sanitarium must invite by combining fear and comfort — fear of the future course of the disease, and comfort through attractive buildings, good treatment, and a creative interest." Chicago's municipal sanitarium accomplished each of these goals. It provided a lush campus designed by notable landscape designer Ossian C. Simonds, it established a series of substantial administrative and patient buildings designed in the Prairie


Felician Sisters Convent
Peterson Avenue
Chicago Fire Department Engine 89
North Park Nature Center
Peterson Park
Pulaski Road
Central Park Avenue
Guard House
Health Services Building
Conservancy at North Park Village
Senate Apartments
Northside Learning Center High School
Bryn Mawr Avenue
①
②
③
④
⑤
⑥
⑦
⑧
⑨
⑩
⑪

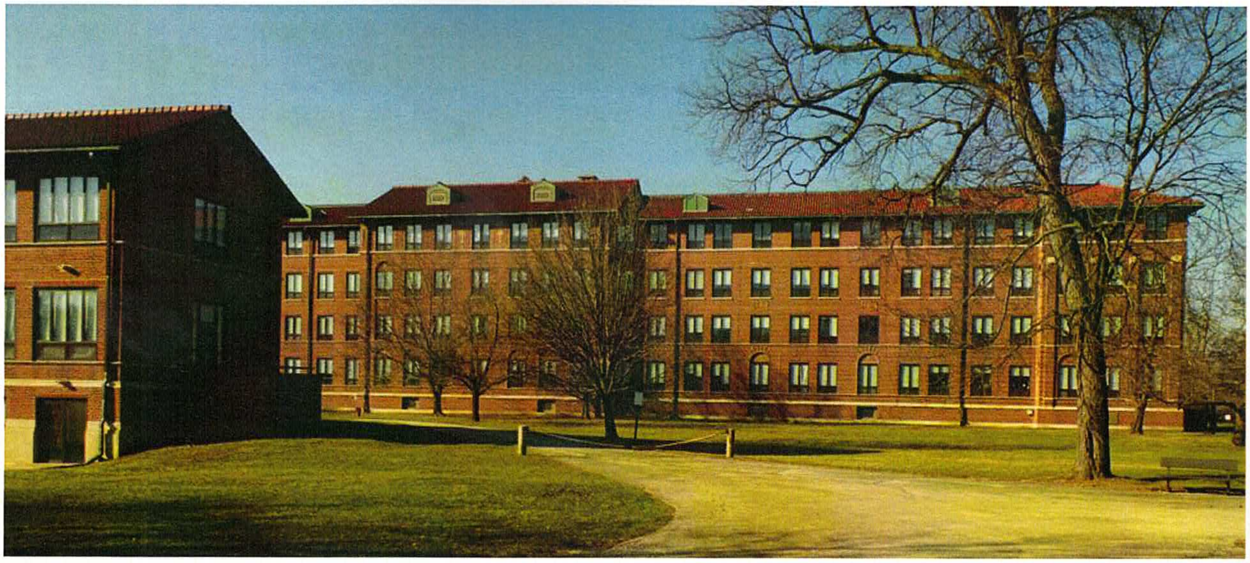
Chicago Municipal Tuberculosis Sanitarium Complex

■ Historic Buildings for Proposed Designation

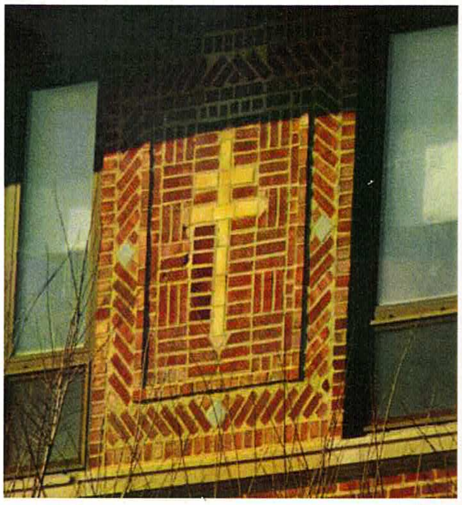
▨ Buildings Not Proposed for Designation

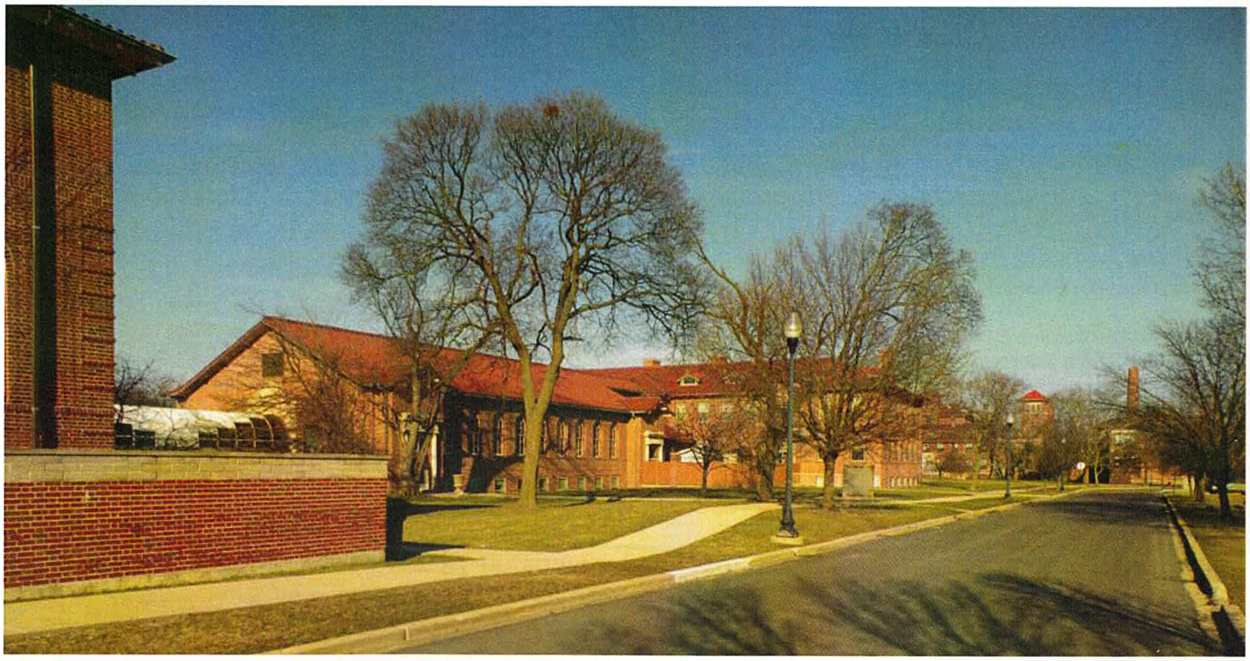
1. Auditorium Building (Peterson Park Gymnastics Center)
2. Administration Building
3. Dining Halls and Service Building (Marx Senior Housing)
4. Infirmary Buildings (Senior Housing)
5. Church of the Sacred Heart – Lewis Memorial
6. Men's Unit Administration Building (North Park Village Nature Center)
7. Laboratory Building (Peterson Park Fieldhouse)
8. Power House
9. Transformer Building
10. Garage
11. Peterson Avenue Gate House

The Chicago Municipal Tuberculosis Sanitarium is located in the North Park Community Area of Chicago in an area bounded by Pulaski Road, Peterson Avenue, Central Park Avenue, and Bryn Mawr Avenue.



The Chicago Municipal Tuberculosis Sanitarium (MTS) was largely built between 1911 and 1915, with a few later buildings completed between the 1910s and 1939. Architects Otis & Clark designed the sanitarium buildings and general layout with significant input from tuberculosis specialist Dr. Theodore B. Sachs. Public sanatoria, like MTS, began to appear during the first decades of the 1900s when tuberculosis was shown to be a preventable and controllable disease.





School style with Italian Renaissance Revival elements by the firm of Otis & Clark, it advanced valuable treatments beyond the typical rest and fresh air encouraged by earlier sanitariums, and it offered patients a range of activities during their lengthy treatments that would both keep patients from leaving prematurely and prepare them for reentry into society. Above all, MTS provided ample comforts for patients facing a fearsome and unrelenting disease – tuberculosis.

On February 16, 1916 (opening day of the sanitarium), board member William A. Wieboldt spoke optimistically to a crowd:

> I hope the professional world and the scientists will, through such work as the work of the Municipal Sanitarium, after long years, be able to stamp out this plague and that buildings of this kind will not be necessary and that 160-acre farms such as this one can be then used for recreation spots for old and young.

MTS served Chicago for nearly 60 years before tuberculosis was finally controlled in the 1970s. The collection of buildings that remain today represent one the largest and most significant public health projects in Chicago's history.

TUBERCULOSIS: THE GREAT WHITE PLAGUE

By the beginning of the 19th century, tuberculosis had killed approximately one in seven of all people who had ever lived. The disease had plagued humans for well over 5,000 years and has been described in writing and art for millennia. In Ancient India (around 1500 BC), it was called *yaksma*, and ancient Egyptian mummies have shown characteristic lesions, or tubercles, on remaining bones. Early Greeks called the disease *phthisis*, meaning "wasting," referring to physical degradation caused by the disease as it destroyed organs and other tissues. In Latin it was referred to as *consumptione* or consumption, which remained a popular name for the pulmonary form of the disease through the early 20th century. Throughout history, sufferers are characterized as feverish, dehydrated, and afflicted by strong bouts of coughing, which left them fighting for breath. Their bodies became emaciated, lethargic, and pale-white, earning the disease the name "the great white plague."

Tuberculosis is a highly communicable disease that is transmitted through infected droplets from a sneeze, cough, or simply from talking. The bacterium produces large hardy spores that can survive nearly any environment, which make it easily contractible from infected surfaces or food, especially from milk or meat of infected cows. The disease became known as "tuberculosis" for the presence of tubercles formed by clusters of bacterial cells. The specific bacteria responsible for the disease were identified in 1882 by Dr. Robert Koch.

Historically, tuberculosis was unlike the great plagues or even the myriad diseases that were commonly found in any city of the 19th century. Tuberculosis did not make a sudden appearance, devastate a population, and quickly. Instead, tuberculosis infected a person over a period of years or decades through alternating cycles of sharp attacks and remissions. Because symptoms could appear weeks or years after exposure, it was difficult to identify newly infected cases or to determine the source of outbreaks. Consequently, without a means to identify a clear source of the disease, the best treatment was to isolate the sick to prevent the disease's spread. This formed the basis of sanitarium treatment.

LIFE IN 19TH CENTURY CHICAGO

Chicago, like many cities during the 19th century, was made perilous by contaminated water, spoiled and/or adulterated food, malnutrition, exposure to poisons, and dangerous working and living conditions. The average life expectancy in Chicago during the mid 19th century was about 40 years. Between Chicago's incorporation in 1837 and the turn of the century, life in Chicago was made especially miserable by outbreaks of cholera, diphtheria, scarlet fever, typhoid, smallpox, measles, and malaria. However, the most common cause of death in Chicago and across the country at the time was consumption, known today as tuberculosis.

Chicago's relationship with disease improved over the course of the 19th century, mirroring the experience of the nation. Although cures were unknown and the cause of diseases were not understood, efforts were made to control their spread by improving sanitation or by isolating the sick.

Confronting disease in Chicago during the 19th century

Early in Chicago's history, cases of malaria, borne by mosquitoes that bred in lakefront marshes, afflicted early Chicagoans. However, this disease was quickly eliminated as development led to the draining and filling of the soggy ground.

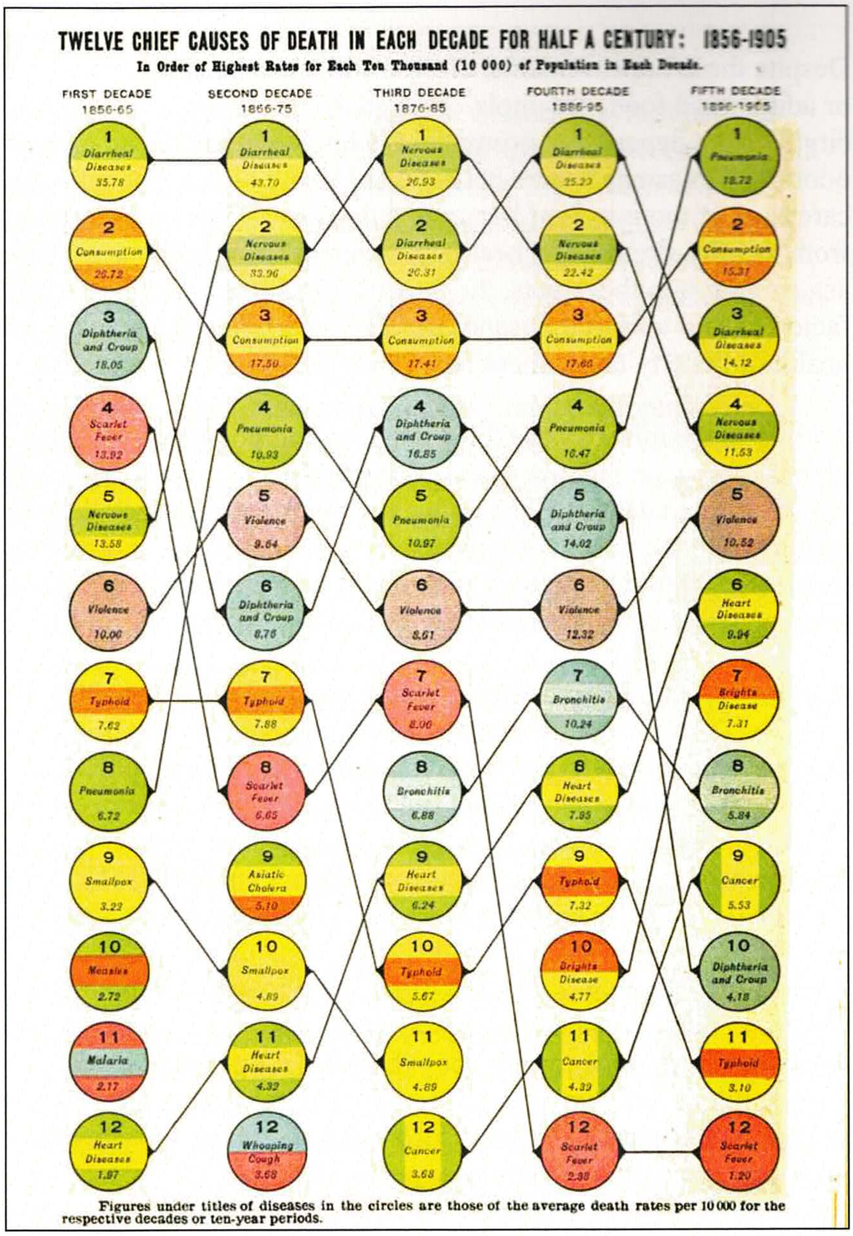
Epidemics of diarrheal diseases including cholera, dysentery, and typhoid were the leading causes of death during the mid- to late-19th century. A cholera outbreak in 1854 killed over 1,400, with nearly as many dying from typhoid that same year. Dysentery killed around 1,600 between 1854 and 1860. Although the cause of diarrheal diseases was not known, clean water was identified as important to the health of the city. Lake Michigan was and remains Chicago's preferred water source, but during the 1850s it also served as the destination for sewage. Wastewater and raw sewage leaching from privy pits laced with disease-causing pathogens flowed directly into the lake or into the Chicago River. It was not until English physician John Snow identified tainted water as the carrier of cholera during an 1854 outbreak in London that cities like Chicago began to consider improving water hygiene.

By the early 1870s, Chicago's water supply and wastewater systems were greatly improved. A water intake crib two miles from shore provided fresher water by avoiding the polluted shore. Further, in 1871 the flow of the ever-polluted Chicago River was first reversed to direct pollution and sewage away from the lake. However, the river's flow was slow, making it appear stagnant, and major rains tended to restore the river's flow into the lake, which led to continued outbreaks of disease. Yet by the 1880s, Chicago's death rate from cholera was below those of Boston and New York.

The Chicago Sanitary District was formed in 1889 through special state legislation to improve the city's water supply. It successfully completed the reversal of both the Chicago and Calumet rivers by digging miles of canals, including the Sanitary and Ship Canal, which was completed in 1900. All shoreline sewerage outlets into the lake were permanently closed in 1893, and chlorination was introduced to the water supply around 1917. By the early 1900s, the death rate from diarrheal diseases such as cholera and typhoid was reduced by half, from 25.5 in 1885 to 12.9 in 1905, for every 10,000 of population.

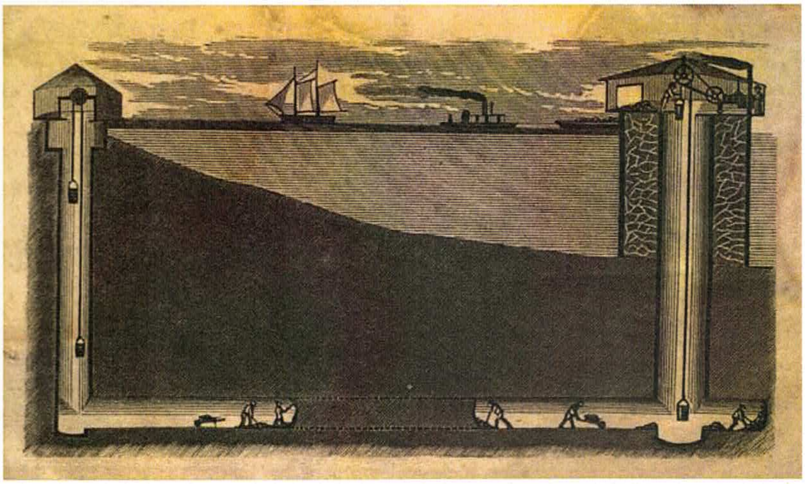
This chart from the Chicago Department of Health shows the twelve primary causes of death in Chicago for each decade between 1855 and 1905. Tuberculosis, or consumption, remained the second or third cause; however, cases of pneumonia were frequently were frequently misdiagnosed and likely were symptoms of tuberculosis cases. Diseases caused by polluted water declined significantly during the 1900s following improvements to the water supply. Other once common diseases also began to decline following sanitation improvements to the food supply, streets, and neighborhoods.

Biennial Report of the Department of Health of the City of Chicago for the years 1904-1905 (Chicago: Cameron, Amberg & Co., 1906) 303.


TWELVE CHIEF CAUSES OF DEATH IN EACH DECADE FOR HALF A CENTURY: 1856-1905

In Order of Highest Rates for Each Ten Thousand (10 000) of Population in Each Decade.

Figures under titles of diseases in the circles are those of the average death rates per 10 000 for the respective decades or ten-year periods.



Chicago's water supply during the mid-19th century was severely polluted by disease-infected sewerage, which emptied from several sources directly into the Chicago River and Lake Michigan. In 1867, Chicago's first water intake crib was built two miles from shore to avoid pollution.

Jack Wing, *The Great Chicago Lake Tunnel* (Chicago: Jack Wing, 1867) frontispiece.

Despite these improvements, disease still spread easily, if not by polluted water then by tainted or adulterated food, or simply close proximity to other infected individuals. Researchers and the city's health department promoted the improvement of sanitary conditions, as filth and noxious odors, or "miasmas," were believed to bring disease. Annually during the 1870s and 1880s, the carcasses of thousands of horses and dogs, and hundreds of cattle and sheep, were removed from the city streets. The health department struggled to cope with the mounting garbage and ash spilling into the streets, the prevalence of heavy smoke and fumes from locomotives and factories, and tens of thousands of noisome privies that leached infected water. Improving the health of the city under these conditions was a monumental task.

Adding to the misery was Chicago's growing population density. The city's health department identified several neighborhoods as severely overcrowded, with unsanitary conditions contributing to deaths. Chicago's population doubled each decade during the mid- to late 19th century with the arrival of new residents and immigrants, growing from around 112,000 in 1860 to over 1,000,000 by 1890. The majority of the population, often living in the poorest districts, was concentrated in a dense band around downtown.

Respiratory and other diseases, spread in overcrowded conditions, tore through Chicago's dense districts. Deaths from diphtheria and whooping cough soared during the 1870s, while scarlet fever accounted for 10 percent of all deaths in Chicago in 1877 alone. Smallpox was also widespread despite quarantines and compulsory vaccination of 95 percent of the population in 1868. The arrival of new immigrants outpaced vaccination programs and continued to introduce and spread the disease, leading to an epidemic in 1881–1882 that killed nearly 2,500. Vaccinations finally halted major smallpox epidemics by 1893.

The risk of disease was not only from foul water and in overcrowded districts, but also from the very food that nourished the city. Chicagoans were frequently at risk for deceit, unconscious errors by vendors, or simply poor choices due to misconceptions about sanitation and disease. Unscrupulous vendors hawked ice cut from sewage-tainted lakes; sold milk that was either spoiled or filled with additives such as chalk, borax, or typhoid-laden water; or marketed meat and vegetables that were simply spoiled. Before 1880, according to the City's Board of Health report for 1905, 65.8 percent of all deaths were of children under five years of age. Milk tainted by any number of diseases, including tuberculosis, was seen as the central cause. Efforts to control the distribution of milk and to force food makers and vendors to improve their sanitary conditions were not fully undertaken until the beginning of the 20th century.

At the close of the 19th century, deaths from a multitude of common diseases were declining, while deaths resulting from heart disease and cancer rose as residents lived longer. Chicago's average life expectancy nearly doubled between 1875 and 1905. However, despite progress in controlling and reducing many of the most common and deadly diseases, Chicago had yet to fully address the greatest cause of death: tuberculosis.

TREATING TUBERCULOSIS

Treating tuberculosis was difficult because the disease provided bewildering symptoms that developed over long periods of time. Because of the bacteria's facile spread between people in close quarters as well as the disease's record of attacks and remissions, many believed that tuberculosis was hereditary. During the 19th and early 20th centuries, because there was no standard understanding of how the disease functioned, tuberculosis treatment focused on keeping it in remission. This was accomplished by reducing exposure to environmental triggers that were believed responsible for acute attacks.

One of the earliest treatments, dating to ancient Greece, targeted respiratory symptoms and lethargy, and called for sufferers to move to more healthful climates where they could seek relaxation and fresh air. Although fresh, outdoor air remained the most popular treatment through the 20th century, diet regimens, mental stimulation, varying levels of physical exertion, and finally surgical and drug treatments became the tools for reducing the effects of the disease. However, without a formal cure, isolating the sick at institutions – called "sanatoriums" or "sanitariums" – was agreed to be the best possible treatment alternative. A cure and an inoculation against tuberculosis were actively sought following the discovery of the tuberculosis-causing bacteria in 1882, but none was developed until after World War II.

The 19th century saw the rise of fresh-air tuberculosis treatment institutions. Two types of fresh -air institutions developed in the United States. The first is the *sana*torium, which originates from the Latin word *sanare*, meaning "to heal." Most sanatoriums both in Europe and the United States were opened to treat early or curable cases. The second is the *sani*tarium, whose meaning comes from the Latin word *sanitas*, meaning "health."

Sanitariums offered sufferers both ample rest and relaxation in the open air, and they provided a careful regimen aimed at improving hygiene and diet to keep the disease in remission. The first systematic and large-scale sanitarium for the treatment of curable cases of tuberculosis opened in Germany during the mid-19th century. The "German system," as U.S. doctors referred to it, was essentially a closed "school of hygienic discipline, with little left to the patient's initiative except strict obedience." Although the concept and strict practices of European institutions did not reach the United States until the late 19th century, the idea of seeking improved health through better climate did become popular in the U.S. Climate quickly became the most popular means of treatment for all types of diseases, especially tuberculosis, during the mid-to late 19th century.

The American West was partially settled with the help of people sick with tuberculosis. Those suffering from tuberculosis followed the popular notion that an outdoor lifestyle with a regimen of activity in the right climate would quickly cure consumption in any stage. The cult of fresh air and sunlight had gained traction in Europe, where some of the best resort-like sanitariums basked in sunny locales or benefited from higher altitudes where the air was perceived to be clearer and therefore healthier – any place away from the dense city with its noxious fumes and filthy streets was considered to promote better health.

In the period from the 1840s through 1890s, tens of thousands of "health seekers," many of whom were consumptives, spread westward in search of the panacea offered by the new western states and territories. In turn, the states, territories, and the railroads that connected them saw the sick as potential settlers and actively promoted the healthful climates of their lands. Because tuberculosis was not yet tied to class and because it was seen as a hereditary disease, there was no perceived risk in inviting those with tuberculosis to help settle new western towns.

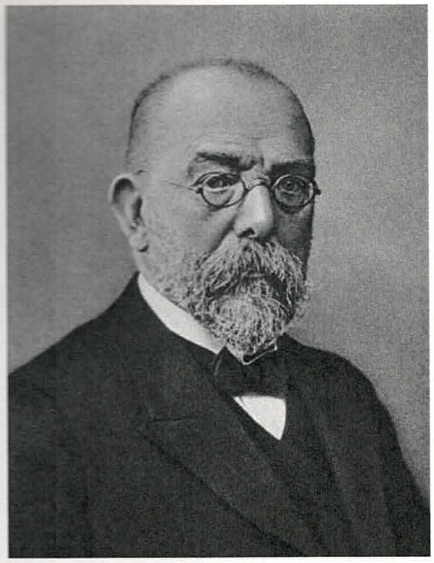
Prior to the discoveries made by German physician and microbiologist Dr. Robert Heinrich Hermann Koch little was understood of the microscopic causes of many diseases. Koch was the first to identify the specific bacteria that cause diseases such as cholera, anthrax, and tuberculosis. His research was instrumental in applying the developing field of "germ theory" to public health, which prompted major changes in sanitation toward the end of the 19th century and helped establish guidelines for the control and mitigation of diseases.

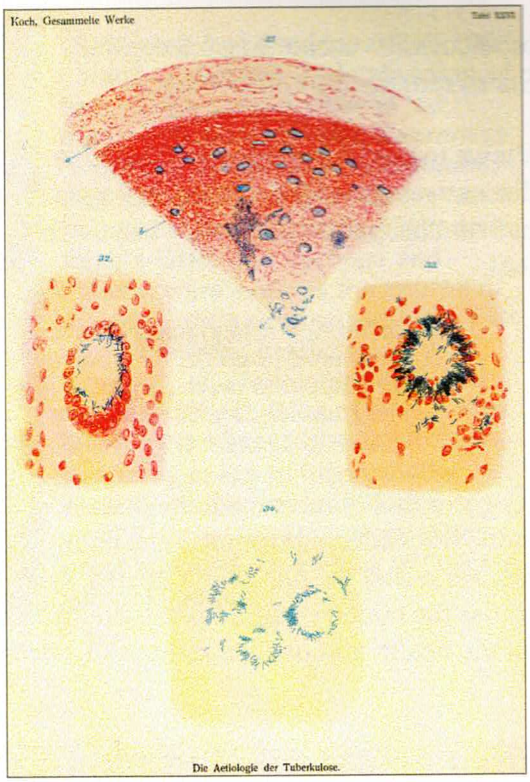
Koch's research on the tuberculosis bacteria, *Die Aetiologie der Tuberkulose* (or *The Etiology of Tuberculosis*), was published in April 1882. Its findings were immediately controversial, as contemporary medical professionals believed that diseases like tuberculosis were inherited and not caused by a single source such as a tiny organism. However, the chance to vanquish the dreaded disease seemed ever closer, and Koch's revolutionary research became international news, influencing researchers and sufferers worldwide.

U.S. physician Edward Trudeau opened the first American tuberculosis sanitarium in upstate New York in the mid-1880s. At a time when health spas catered to the wealthy, Trudeau's open air cottage sanitarium represented the first attempt to offer treatment for tuberculosis to the poor.

Trudeau was diagnosed with tuberculosis in 1873 and, following conventional logic, left his home in New York City for a change of climate; he eventually moved his family to Saranac Lake, New York and opened his medical practice there while also enjoying fresh air, as recommended. Although the fresh air helped to arrest some of his symptoms, Trudeau remained debilitated by the disease. However, Trudeau's life was transformed in 1882, after he was introduced to both the German sanitarium concept, which regulated hygiene and diet, and Koch's methods for isolating and studying tuberculosis bacteria. Trudeau then used Koch's methods to determine which effects environment and diet had on arresting the growth of the bacteria. In 1887 he published his research, which showed that a healthy outdoor lifestyle with proper nourishment could almost eliminate symptoms of the disease. With these findings, he opened his Adirondack Cottage Sanitarium at Saranac Lake, an institution that became the model for the development of hundreds of similar private sanitariums across the country.

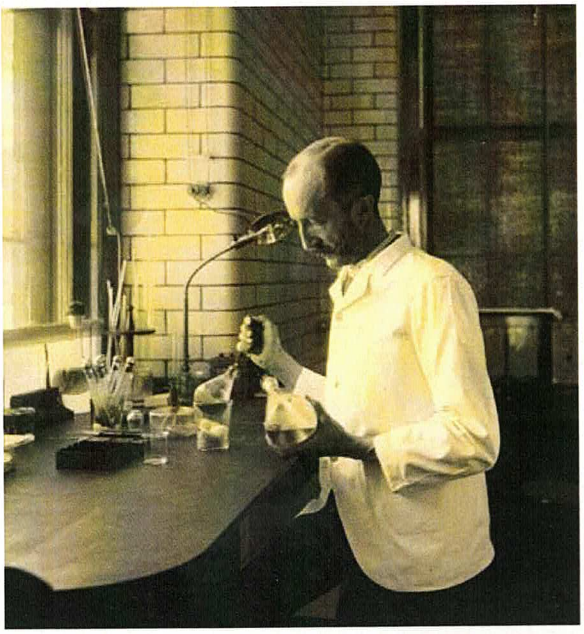
Once tuberculosis was recognized as a communicable disease in the 1880s, the sanitarium became the standard public facility in the United States during the drive in the early 20th century to combat the disease. Patients in all stages of the disease were treated in isolation from the rest of the population. Sanatoria offered patients fresh air and prevented the continued spread of the disease. By the early 1900s, 1 of every 170 Americans resided at a sanitarium. Even after the





Dr. Robert Heinrich Hermann Koch was a German physician and microbiologist who influential in establishing the study of disease-causing microorganisms, and for identifying the specific disease-causing bacteria. In 1882 Koch published his research *Die Aetiologie der Tuberkulose* (or *The Etiology of Tuberculosis*), which identified the bacteria that cause tuberculosis. In his experiments, he highlighted the bacteria in tissue samples using a blue dye, as seen in the right image.

Top right and left: *Wikipedia.com*



Dr. Edward Livingston Trudeau, himself a sufferer of tuberculosis, founded the first sanitarium in the United States at Saranac Lake, New York. Dr. Trudeau was influenced by Dr. Koch's research on tuberculosis bacteria, and, in his small laboratory, became the first American to repeat and validate Dr. Koch's findings. At left is the first cottage where Dr. Trudeau first started his experimental with the open-air treatment of tuberculosis.

Left: Thomas S. Carrington, *Tuberculosis Hospital and Sanatorium Construction* (New York, 1914) frontispiece.
Right: Saranac Lake Free Library.

tuberculosis vaccine was successfully introduced in France in 1921, treatment in the United States remained sanitarium care.

Views toward tuberculosis changed during the late 19th century. As it became clear that the disease was spread by germs and not simply the environment or heredity, the view of the TB patient changed in the public's eye. Chicago physician Theodore B. Sachs observed in 1904 that:

> Consumption is beginning to be considered a disgrace, it is a disease which must be covered up if possible, or called by another name. People will tell willingly how many cases of typhoid fever they have had in their families, but they are loath to admit a case of consumption, for the infectiousness of that disease is gradually becoming known and nobody wishes to be an object of dread to his neighbors.

As germ theory advanced, the disease quickly became associated with the poor, stigmatizing those who suffered from it. The recognition of tuberculosis as a significant communicable disease raised the need for a greater system for control. States, counties, and municipalities across the country started what would become the United States' first nationwide campaign for public health and opened sanitariums dedicated to treating tuberculosis sufferers.

20TH CENTURY: CLEANING CITIES AND CONTROLLING TUBERCULOSIS

The fight against tuberculosis was the first national public health campaign in the United States. It was met at the dawn of the 20th century with a great push to clean up cities and take charge of the food supply, which had been identified as a great source of disease. The idea that germs caused sickness promoted a wide range of policies that propelled profound improvements in city life. The sanitization of cities aided and guided efforts to mitigate the spread of tuberculosis.

Within the first decades of the 20th century, the National Association for the Study and Prevention of Tuberculosis (now known as the American Lung Association) was founded in 1904 by Edward Trudeau, the Pure Food and Drug Act was passed in 1906 to protect consumers from adulterated products, milk was first pasteurized in 1909 to destroy bacteria, and Chicago's water was first chlorinated in 1912. Using the understanding of bacteria and the transmission of disease, social reformers and the City's health department targeted their efforts to sanitize the city using new scientific methods.

Improving the general welfare of the city set the basis for the control of tuberculosis. Mortality rates in Chicago from the disease remained stubbornly steady from the 1880s through the 1900s, at around 18 to 19 deaths annually for every 10,000 persons. At the same time, fatal cases of other diseases declined steadily, suggesting that a hygienic society was only part of the battle against tuberculosis. The City's greater concern was the unknown thousands, possibly tens of thousands, of individuals that were at risk of spreading tuberculosis.

A filthy alley in a district southwest of downtown Chicago.
Robert Hunter, *Tenement Conditions in Chicago* (Chicago: City Homes Association, 1901). 133.

During the first decades of the 20th century a growing understanding of how germs spread disease led social reformers to raise awareness of the city's unsanitary conditions, especially in the city's densest and poorest neighborhoods. Alleys and streets lined with garbage and manure were seen as the source of disease, while over-crowding in flats and tenements helped spread diseases, like tuberculosis. In 1904, Dr. Theodore B. Sachs worked with Ms. Bertha Hazard of the Hull House to survey cases of tuberculosis and sanitation over several blocks in what is today the University Village neighborhood. One block of O'Brian Street is mapped below.

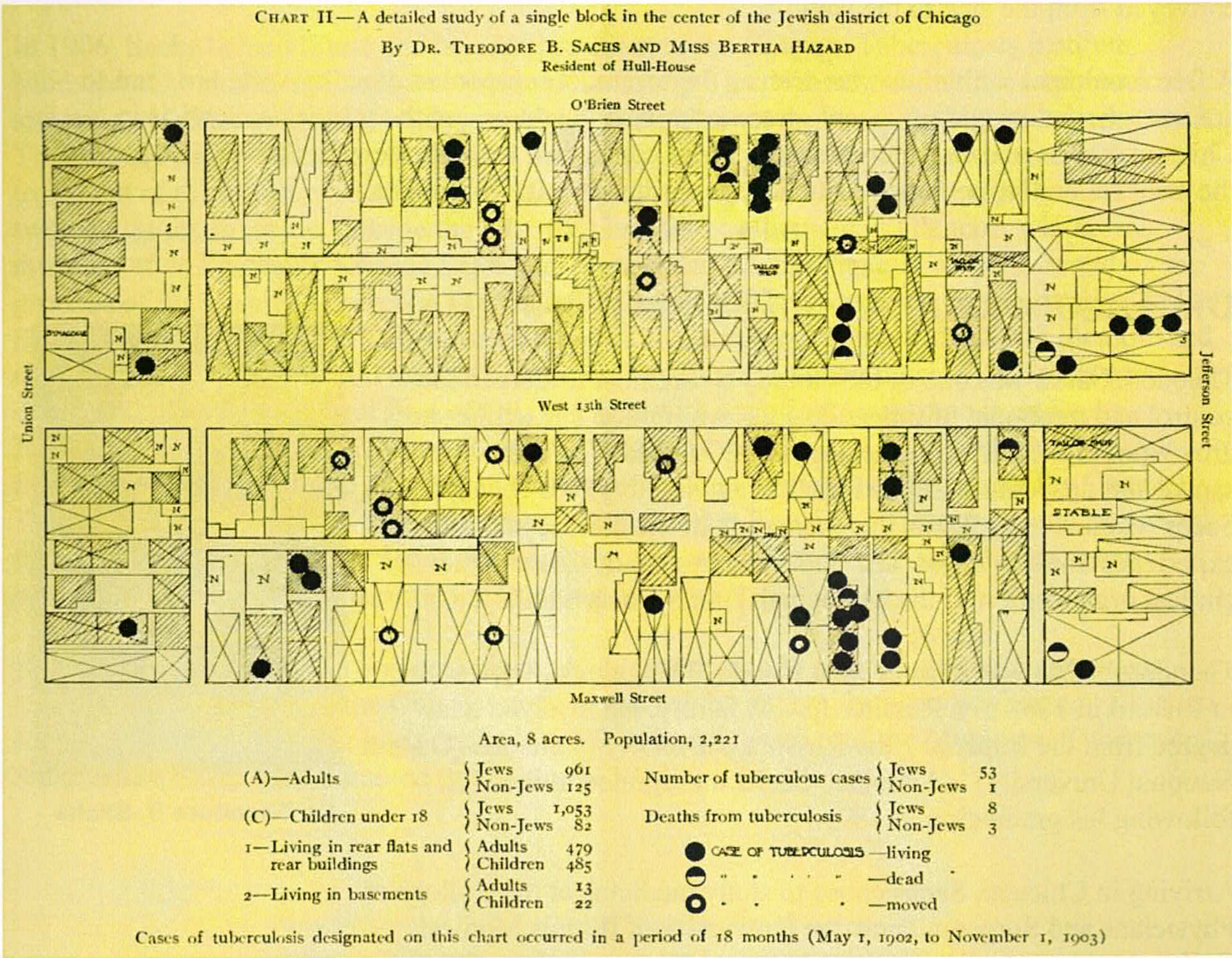


CHART II—A detailed study of a single block in the center of the Jewish district of Chicago

BY DR. THEODORE B. SACHS AND MISS BERTHA HAZARD
Resident of Hull-House

Area, 8 acres. Population, 2,221

(A)—Adults	Jews	961
	Non-Jews	125
(C)—Children under 18	Jews	1,053
	Non-Jews	82
1—Living in rear flats and rear buildings	Adults	479
	Children	485
2—Living in basements	Adults	13
	Children	22

Number of tuberculous cases	Jews	53
	Non-Jews	1
Deaths from tuberculosis	Jews	8
	Non-Jews	3

● CASE OF TUBERCULOSIS —living
◓ " " " —dead
○ " " " —moved

Cases of tuberculosis designated on this chart occurred in a period of 18 months (May 1, 1902, to November 1, 1903)

Alice Hamilton, *A Study of Tuberculosis in Chicago* (Chicago: City Homes Association, 1905) 6-7.

Although it became clear by the early 1900s that sick individuals should ideally recover in isolation from healthy society, many consumptives could neither afford the often-distant and expensive private sanitariums, nor wanted to enter public hospitals. City and County hospitals were dreary places with few comforts. Many poor chose to starve from malnutrition and the stress of tuberculosis rather than endure the humiliation of going to the County hospital, which resembled the feared "poor house." Chicago also lacked power to quarantine the sick or to force sufferers into treatment. Regardless, public hospital beds for consumptives were in extremely short supply at area institutions. In 1907, there were only 300 beds, 250 of which were in the dreaded County poor house, known as Dunning. The opening of Cook County's tuberculosis sanitarium in Oak Forest in 1910 only transferred cases from Dunning, while adding only a few new beds to the regional total.

According to Chicago's Department of Health, over 3,600 people were reported to have died from tuberculosis in Chicago in 1905, which made it clear that there was a great need for more beds and treatment. That year, the City's Department of Health appealed to Mayor Edward F. Dunne, saying that, "an isolation hospital for consumptives owned by the city would readily be filled with patients who are a menace to the health of the community and flatly refuse to go to Dunning. Give the Department of Health a sanitarium for tuberculosis and an increased working force and it is a certainty that the infection of tuberculosis will be less frequently conveyed from the sick to the well."

A free municipal sanitarium was seen as the foremost component of a city-wide program to control tuberculosis. Many people were interested in addressing the tuberculosis crisis in Chicago, but no one was more devoted to the cause than Dr. Theodore B. Sachs, who proved the need for and helped open a quality sanitarium for all Chicagoans.

DR. THEODORE BERNARD SACHS (1868-1916)

Dr. Theodore B. Sachs

Theodore Sachs was one of the country's foremost leaders in the control and treatment of tuberculosis. His ambition and selflessness drove him in the pursuit of helping those in need. The municipal sanitarium desperately needed by Chicago in the 1900s became Dr. Sachs' exclusive goal. His understanding of the disease and his experience directly influenced both the physical design and the clinical organization of the Municipal Tuberculosis Sanitarium.

Theodore Sachs was born in what is today Daugavpils, Latvia (then in Russia) in 1868 to a Russian-Jewish family. He received a law degree from the Imperial New Russian University of Odessa (Odessa National University) in Ukraine. Sachs immigrated to the U.S. following his graduation in 1891.

Arriving in Chicago, Sachs chose to study medicine at the College of Physicians and Surgeons (now the University of Illinois Medical College) with specialization in pulmonary disease. Living with his aunt, he studied English by night and paid for his degree by both working at the school and for Hart, Schaffner and Marx as a sewing machine operator. After graduating in 1895, he became house physician at Michael Reese Hospital, and two years he later opened his own practice to serve the poor near Hull House at Halsted Street and Roosevelt Road (then known as 12th Street). His office was at the heart of one of Chicago's most significant and vital immigrant communities, mere blocks from the notable Maxwell Street vendor district, which was then the geographic center of the city's population.

In his work, Sachs encountered impressive cases of poverty and disease, especially tuberculosis, which led him to develop the first systematic study of the disease in Chicago. His study focused on an area around Hull House (currently the Little Village neighborhood), and it was published in 1904, along with additional studies by Bertha Hazard of the Hull House. In an address published in the *Chicago Tribune* to the Council of Jewish Women in October 1904, Sachs expressed the need to clean up the city's poorer neighborhoods and address issues of dust and smoke. He stated that "hunger for pure air is the cry of the neighborhood." Sachs' study revealed that Chicago had far more cases of tuberculosis than previously thought; it exposed the stark differences between poorer and higher classes in both living standards and the risk of tuberculosis, and it proved the need for a local sanitarium that could provide the treatment so desperately needed by many Chicagoans. Chicago's Department of Health agreed.

In 1906, Sachs helped found and became president of the Chicago Tuberculosis Institute. Modeled after similar national anti-tuberculosis groups, it educated the public on tuberculosis and set up a series of clinics, or dispensaries, in neighborhoods across the city to help control it. The institute also wanted to prove that Chicago's climate was as ideal for the successful treatment of tuberculosis as any rural setting. Sachs personally led experimental treatment at two new sanitariums just outside the city: the Gads Hill Settlement in Glencoe, which was modeled after Trudeau's Saranac Lake, and a small tent facility named Camp Norwood on the grounds of the County Tuberculosis Hospital at Dunning. The success of these ventures led Dr. Sachs to found the Edward Tuberculosis Sanitarium outside of Naperville in 1907 (demolished in the 1950s for the Edward Hospital complex). The Edward Tuberculosis Sanitarium was designed by the architectural firm of Otis & Clark with significant guidance from Sachs. Besides his work with the Edward Sanitarium and later the Chicago Municipal Tuberculosis Sanitarium, Sachs was also engaged in work at other area sanitariums, including the Chicago Winfield Sanitarium, West Side Dispensary, and all other Chicago dispensaries, and he guided the restructuring of nursing care at the Cook County sanitarium in Oak Forest, which had opened in 1910 to replace facilities at Dunning Hospital.

By showing the great need for local tuberculosis treatment and proving that such treatment could be accomplished in the Chicago area, Sachs led the charge for a city sanitarium. Chicago Mayor William Busse appointed Sachs in 1909 as board member of the Municipal Tuberculosis Sanitarium and he was promoted to director in 1913.

FOUNDING THE CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM

A Groundswell Vote for a Municipal Sanitarium

Illinois Senator Edward J. Glackin was influenced by the work of Dr. Sachs and the Chicago Tuberculosis Institute when he formulated a bill in 1905 and again in 1907 for the establishment of a system of state tuberculosis sanitariums. However, with state funding impossible to secure, Glackin reformulated the bill by holding municipalities responsible for funding. Senate Bill No. 598 finally passed in January 1908 as the Illinois Public Tuberculosis Sanitarium Law, or the "Glackin Law," enabling municipalities and villages to levy taxes to build and maintain their own sanitariums.

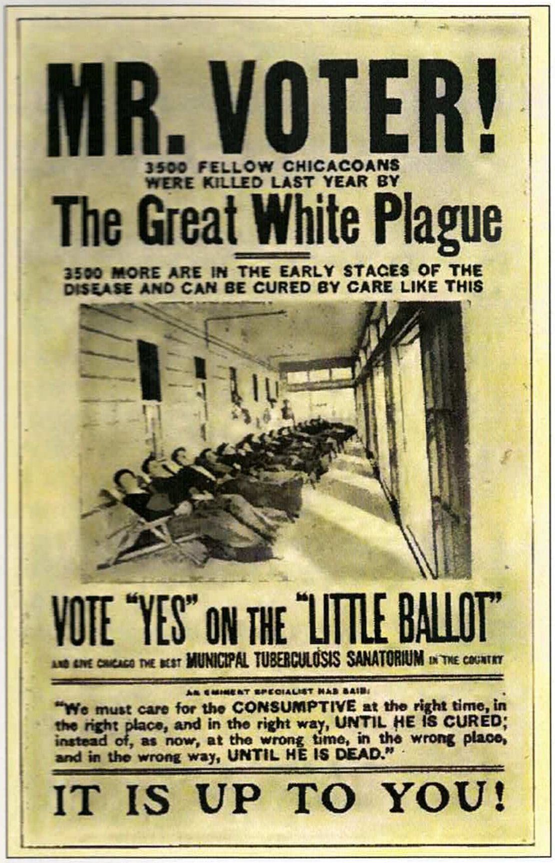
With state law authorizing local sanitarium construction, it was up to the City of Chicago to hold a public vote on whether or not to adopt the new law. Immediately, Sachs and the Chicago Tuberculosis Institute campaigned to have the Glackin Law instituted in Chicago by the following year to start building the much-needed sanitarium as soon as possible. Endorsements for the law came directly from the Commissioner of Health and the City's health department, local alderman, the Chicago Federation of Labor, settlement houses, numerous social and civic clubs, and the Chicago Medical Society, among many more. The city's many daily newspapers and dozens of smaller foreign language papers printed editorials supporting the sanitarium measure. Sachs and the Chicago Tuberculosis Institute made regular appearances at city clubs and in public meetings insisting, "tuberculosis is not so much a disease of paupers as it is a pauperizing disease and it is cheaper in the long run to cure the early stage consumptive and return him to his family than to care for him in a late stage in a pauper institution."

In the weeks leading up to the April 5, 1909 vote, thousands of posters and hundreds of thousands of booklets urged "Mr. Voter!" to vote "yes" for the sanitarium and against the Great White Plague. Cities in the Midwest and across the country proudly displayed the poster as Chicago's drive for a municipal sanitarium made national news.

The City referendum to adopt the Glackin Law was held on April 6, 1909 and showed overwhelming support for the establishment of a municipal sanitarium, with 167,000 votes, or 81 percent, in favor. Chicago's new law allotted $1 million annually for public health work related to tuberculosis and appropriated $2.5 million for construction of a new facility over four years. Chicago Mayor Busse appointed three directors for the new Municipal Tuberculosis Sanitarium: Harlow Higginbotham as president, who had presided as president of the World's Columbian Exposition Corporation; Dr. William A. Evans, a previous Commissioner of Health; and Theodore Sachs as secretary. A secondary group, called the "Committee on Building Plans," comprised of Sachs and his colleague, Frank Wing from the Chicago Tuberculosis Institute, delegated the general design details of the sanitarium's development.

Placing the Sanitarium

The City Council approved the expenditure of $407,000 in 1910, through its tax-levying ordinance, toward the purchase of land and the start of construction. The board searched the city for a suitable site, ultimately focusing on the city's northwest side due to the prevailing winds. Board member Higginbotham explained that, "The prevailing winds in Chicago are from the southwest. They blow the poison and the soot and the odor and the gases all away into the lake



MR. VOTER!

3500 FELLOW CHICAGOANS WERE KILLED LAST YEAR BY

The Great White Plague

3500 MORE ARE IN THE EARLY STAGES OF THE DISEASE AND CAN BE CURED BY CARE LIKE THIS

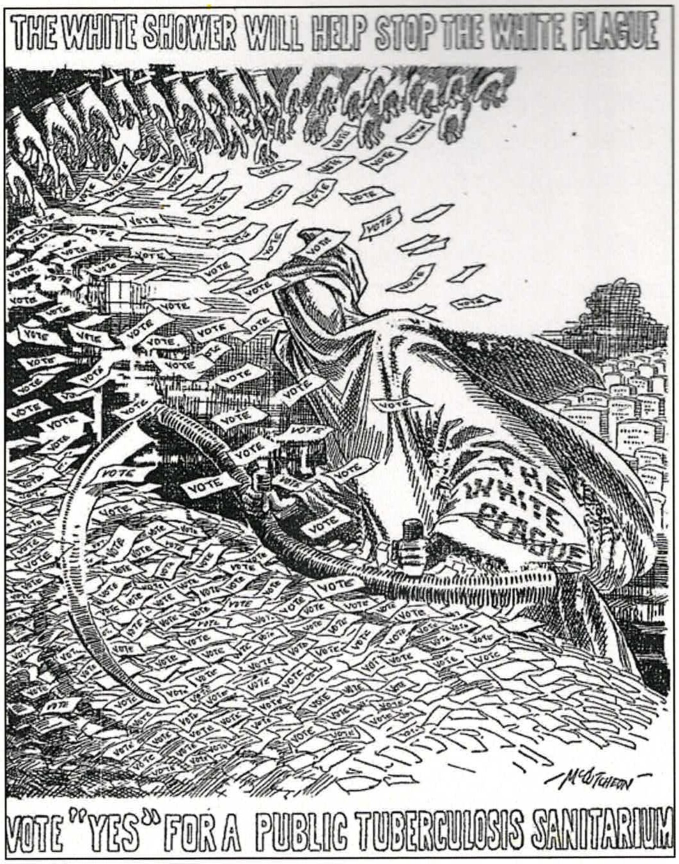
VOTE "YES" ON THE "LITTLE BALLOT"

AND GIVE CHICAGO THE BEST MUNICIPAL TUBERCULOSIS SANATORIUM IN THE COUNTRY

AN EMINENT SPECIALIST HAS SAID:

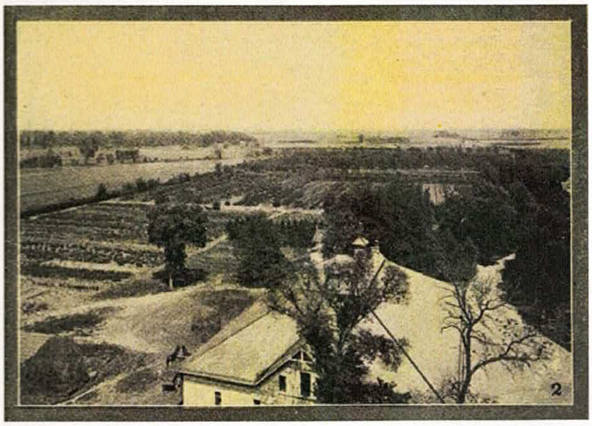
"We must care for the CONSUMPTIVE at the right time, in the right place, and in the right way, UNTIL HE IS CURED; instead of, as now, at the wrong time, in the wrong place, and in the wrong way, UNTIL HE IS DEAD."

IT IS UP TO YOU!

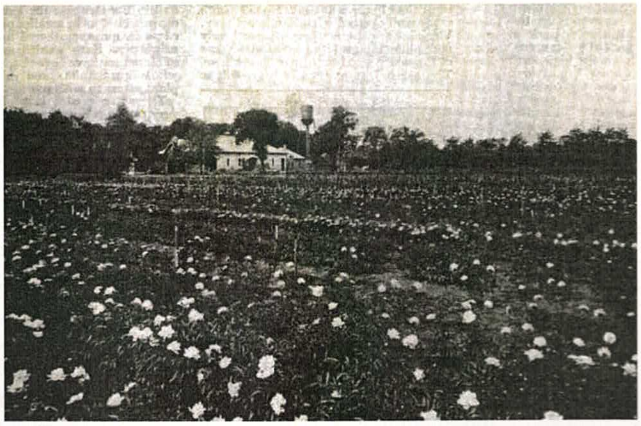

THE WHITE SHOWER WILL HELP STOP THE WHITE PLAGUE
VOTE
THE WHITE PLAGUE
McCUTCHEON
VOTE "YES" FOR A PUBLIC TUBERCULOSIS SANITARIUM

In 1908, state legislation was passed allowing for municipalities to operate local tuberculosis sanatoria. Dr. Sachs and the Chicago Tuberculosis Institute campaigned to have the City of Chicago open its own Sanitarium. Thousands of "Mr. Voter" posters (*left*) and pamphlets were distributed, and many of Chicago's newspapers published articles in favor of a municipal sanitarium. *Right:* Cartoonist John McCutcheon drew this cartoon to urge voters to vote against the White Plague of tuberculosis and for a public sanitarium. The cartoon appeared the day before the vote in the front page of the *Chicago Daily Tribune* on April 5, 1909.

Below: The site selected for MTS was on the far northwest side of Chicago near the North Branch of the Chicago River. The rural area was dotted by farms like the landscaping nursery run by Swedish immigrant Pehr S. Peterson, which was acquired for the sanitarium. These views show the extensive fields of trees, shrubs, and flowers of the 500+ acre Peterson Nursery.



Peterson Nursery Catalog, 1908. 2.



Gardening, 10 (217) September 15, 1901. 1.

from that direction. … We wanted to get outside of that air … where the poison would not contaminate, or where the air would be pure; therefore we looked northwest." Two sites were identified before they settled on the current 160-acre parcel west of the North Branch of the Chicago River at Bryn Mawr Avenue and Pulaski Road (historically known as 40th Avenue and later as Crawford Avenue).

The site was part of a lush landscaping nursery called Peterson Nursery, and was set in one of the city's least-populated areas. Yet, surrounding landowners protested the proposed sanitarium for fear that tuberculosis germs would be carried on the wind, patients would wander off into their community, and that its very presence would reduce property values. Sachs took the opportunity to educate residents about the true nature of the disease and the benefit that the sanitarium would have on the community. In later testimony, Higginbotham recalled enduring meetings with "indignant" community members but that he and Sachs, "turned the tables entirely so they were glad we were coming there. Among other things, I told them we would make the grounds so beautiful we would have to lock the gates in order to keep them away." With community approval, the board acquired the land in February 1911 for $156,000.

Design and Construction of the Sanitarium

The initial design and layout of the Municipal Tuberculosis Sanitarium was the product of Sachs' intimate understanding of the requirements for treating tuberculosis and the intellect of architects Otis and Clark for creating functional spaces. According to Sachs, MTS was, "planned to gradually meet the needs of the tuberculosis situation in a growing city, which has at present a population of two and a half million." Construction of the facility lasted from December 1911 through April 1915. Several planned additions were completed to both buildings and the overall landscape through the following decades to better address Chicago's tuberculosis problem.

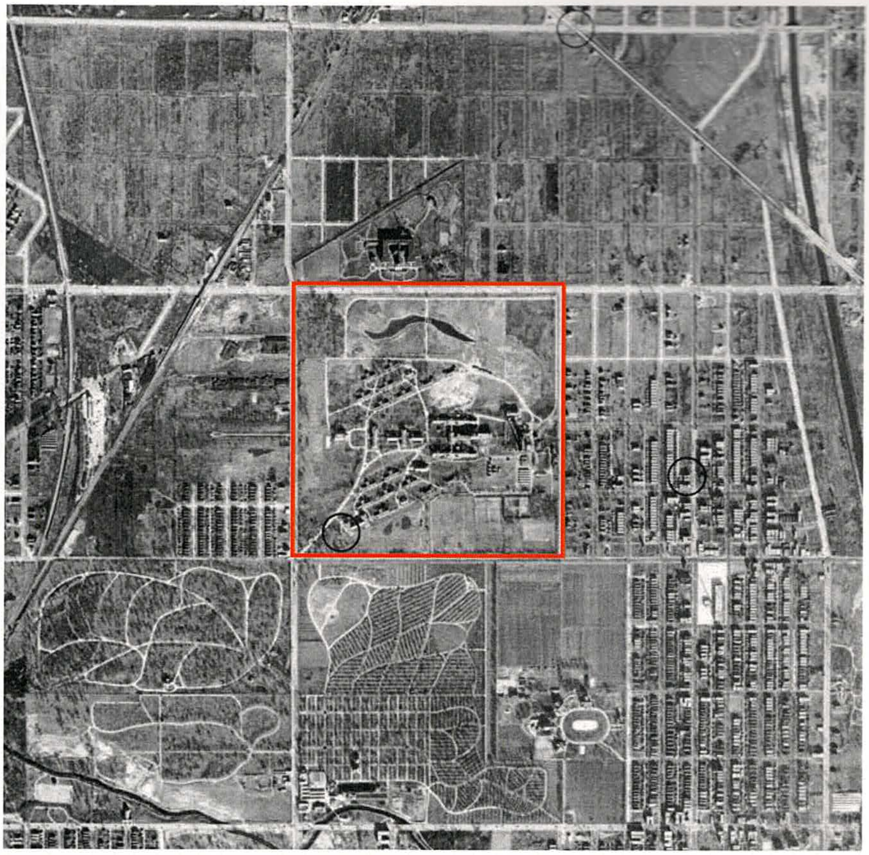
In May 1911, the three-person MTS board of directors selected the Chicago architectural firm of Otis & Clark to design the new sanitarium buildings and layout; it selected landscape gardener Ossian C. Simonds to develop a plan for the landscape. Sachs, who was both a director of the new sanitarium and chairman of the newly minted two-person design team called the "Committee on Building Plans," highly recommended Otis & Clark for owing to its work with him on the design for the Edward Sanitarium in Naperville in 1907. Sachs had very specific design and layout ideas for Chicago's new sanitarium, and he needed architects that would be both receptive to his requests and able to develop an effective plan. Physician Philip P. Jacobs later wrote of Dr. Philip P. Jacobs later wrote of Sachs:

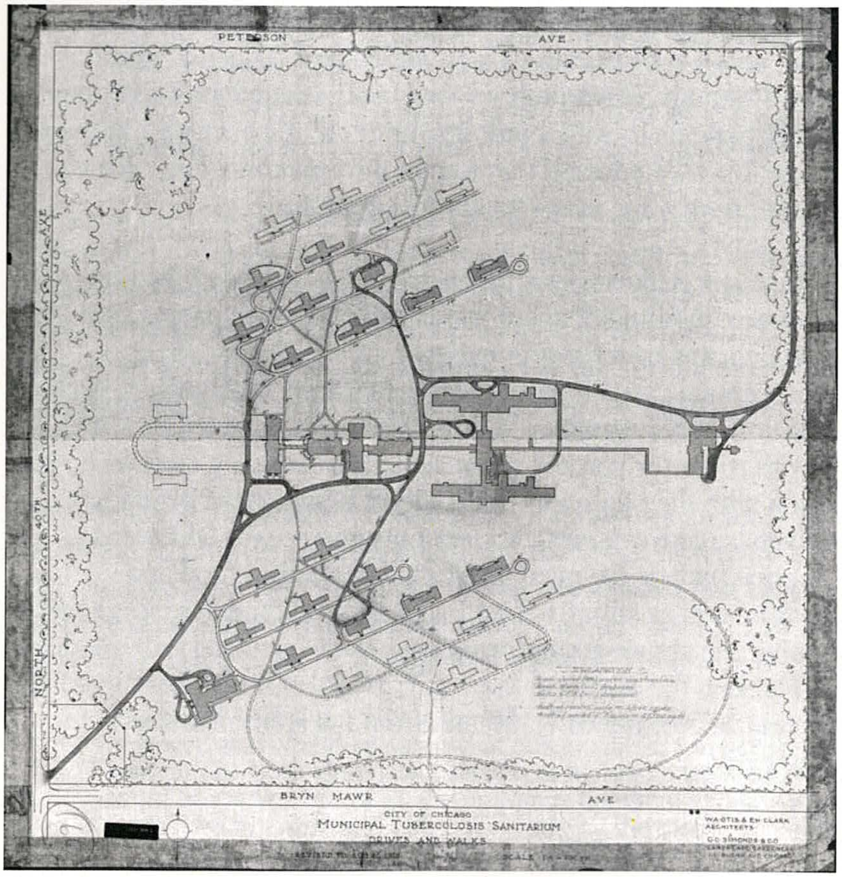
> Of all the many activities in which he engaged, however, none claimed so large a share of Dr. Sachs' personality and skill as the Chicago Municipal Tuberculosis Sanitarium. In a very real sense the Sanitarium was and is Dr. Sachs. It breathes his personality and his genius from almost every ward and brick. Into it he put his very body and soul.

Architects William A. Otis and Edwin H. Clark began the monumental task of designing the sanitarium grounds by developing a general site plan. Because sanitarium design was still a new field, with less than a decade of development and study, the architects and Sachs had to create a plan for Chicago's new facility based on existing sanitariums. Through his study of tuberculosis treatment and development of the Edwards Sanitarium, Sachs had amassed information on the

The North Park neighborhood of Chicago grew slowly during the first few decades of the 20th century. In 1910, there were only 478 residents living in the area. During the 1910s, portions of the Peterson Nursery were sold and subdivided. During the 1920s and 1930s, many Swedish-American families moved into the area as new houses were gradually built. In this aerial from 1938, MTS is at the center, bordered by cemeteries to the south, and new housing developments to the east, north, and west. To the north, several undeveloped blocks with paved sidewalks and graded streets can be seen awaiting new development.

Illinois State Geological Survey, #07017, November 24, 1938.




PETERSON AVE
NORTH 40TH AVE
BRYN MAWR AVE
CITY OF CHICAGO
MUNICIPAL TUBERCULOSIS SANITARIUM
DRIVES AND WALKS
W.A. OTIS & E.H. CLARK ARCHITECTS
O.C. SIMONDS & CO
LANDSCAPE GARDENERS

The design and layout for the MTS grounds were developed by architects Otis & Clark, with significant input from Dr. Sachs. This plan, drafted in 1911 and revised in 1913, shows the general layout and footprint of the sanitarium's main buildings. A row of main buildings from east to west divides the grounds in half, creating a men's patient and cottage section to the north, and a women's section to the south. The main buildings range from the Administration Building at the western end, the end that visitors would first see, to the functional eastern end with the Power House.

Drives and walks (August 1913), Jens Jensen drawings and papers, University of Michigan.

best practices and design features for modern sanitarium design. He had surveyed and studied sanitariums around Chicago and across the country, which provided a general idea as to the required size of the institution and the types of facilities that would be needed. Survey information helped determine a wide range of details, from the optimal distance between buildings down to the number of lavatories per patient cottage.

Regarding aspects of the plan that were not detailed by Sachs, the architects were given a blank slate and high standards. Otis recalled later that MTS directors sought quality over cost. "Don't be extravagant, we were told that all the time, but give us thorough work." Otis and Clark relied on their expertise as architects, but they also based some design decisions on a series of books on sanitarium design by Dr. Thomas Spees Carrington. Carrington had also surveyed sanitariums across the country, including the Edwards Sanitarium, and developed a careful set of detailed criteria for best design. His seminal 1911 book *Tuberculosis Hospital and Sanitarium Construction* was written for the National Association for the Study and Prevention of Tuberculosis, of which Sachs was president. In it Carrington preached simplicity over luxury so as to build sanitariums that could treat as many patients as possible for as low a cost as possible; this was precisely what the MTS directors had requested. Carrington's book became the definitive source for efficient sanitarium design through the 1920s.

During the 1900s and early 1910s, the majority of sanitariums across the country were designed as sprawling campuses; MTS was no exception. Most sanitarium campuses were designed with administrative, office, and hospital functions at their center, surrounded by a ring or clusters of two or more cottages or lean-to type structures for patients. These types of campuses were best suited for large tracts of land. Carrington regarded rural areas and former farmland as ideal locations and suggested that they be scaled to two acres of land per patient. This left ample room for outdoor activities, allowed buildings and cottages to be evenly spaced for maximum air circulation, and forced ambulatory patients to walk outdoors; after all, the primary treatment was exposure to fresh air. The design for MTS adopted this standard format on a large scale, while also providing adequate patient privacy and room for future expansion.

One aspect of this type of campus that met criticism was the inefficiency caused by having great distances for staff to walk between buildings. Patient wards, offices, stock rooms, and other locations could be far apart, which was beneficial to patients, as it increased their exposure to fresh air, but also meant valuable staff time was spent in transit. Institutions, such as the Muirdale Tuberculosis Sanitarium in Milwaukee County, Wisconsin (opened in 1915), chose to build a compact campus with room for vertical expansion, thus reducing staff trips, but which also limited patient interaction with the outdoors. The tradeoff between the efficiency and comfort of staff and the effectiveness of fresh-air treatment for patients was addressed at MTS by providing underground service tunnels for nurses and staff delivering food and laundry; the tops of the tunnels were treated as slightly raised walkways with pipe railings and brick planters. The tunnels remain, but the above-ground walkways were enclosed with modern metal and glass during the 1970s. Through the distances were still great, staff members were at least comfortable; the longest tunnel at MTS extends 1,500 feet from the Administration Building to the Power House and laundry.

By the fall of 1911, architects Otis and Clark had developed and revised a general layout of the site, incorporating comments from Sachs. The whole complex of buildings was planned for the center of the site and would be buffered from the surrounding community by a ring of trees and green space for farming. The buildings, as Sachs explained, were organized so that a "line of administration and infirmary buildings, from west to east, divides the Sanitarium grounds into two separate sections – one for the male and the other for the female patients." The main buildings were set in a straight line across the campus, ranging from the public Administration Building at the front or west end of the campus to the functional Power House and grounds-keeping buildings at the far eastern end. A farm was located at the southeastern corner, and open fields for outdoor activities were placed along the eastern edge of the grounds and in the northeastern corner.

New patients and visitors entered the site from the sanitarium's main entrance at the southwestern corner, at the intersection of Bryn Mawr and Pulaski Road, and followed a 1,400-foot-long driveway into the heart of the sanitarium. A secondary service entrance was located at the northeastern corner of the site at the intersection of Peterson and Central Park avenues. Sachs described the layout of the site as follows:

> The Administration Building comes first, reached from the main entrance to the grounds by a driveway 1,400 feet long. This building is removed 800 feet from North [Pulaski] Avenue. Next, 100 feet east of the Administration Building comes the Dining Hall for men patients, the Service Building and, east of it, the Dining Hall for women patients. These buildings are connected by enclosed corridors and form by their position a cross (+), the horizontal line representing the Service Building. One hundred and twenty-five feet from the Women's Dining Hall comes the group of Infirmary buildings, consisting of an Administration building and two wings, forming by their position the letter "H." The Infirmary has a capacity of about 300 beds. The Power House and Laundry is at the extreme eastern point of the median line of buildings, placed at a distance of 500 feet from the Infirmary. The Open Air Cottages for ambulant men and women patients, with a Unit Administration Building in the center of each, form two separate groups of buildings, one on the south and the other on the north side of the grounds.

The location of each building was carefully determined for maximum patient privacy. Clusters of men's and women's open-air cottages were built in southeast-facing rows to the north and south of the main line of buildings; none survive today. Both sections had a Unit Administration Building, which served as a small infirmary. Cottages were far enough from the edge of the grounds to isolate patients from the surrounding community; they were located close enough to unit administration buildings for supervision but far enough for quietude and privacy.

The Municipal Tuberculosis Sanitarium's sprawling grounds also provided room for the institution to grow as needed. Sachs and the board of directors initially planned for the sanitarium to serve 346 patients, but they recognized that Chicago's tuberculosis problem was far more severe and would require a much larger facility. In April 1912, plans were changed to allow for a future capacity of over 800 patients. Architect William Otis later explained:

> The board started out with a thought of a comparatively small institution. I felt, however, that would be somewhat questionable, and where it was possible, even without instructions from them [the board], the buildings were arranged so that future additions could be made. Almost all the buildings out there are, in a way, administration building, nurses' home, were laid out in the shape of the letter "I"... The arrangements were made

> so that they could be easily added to; that was the scheme we tried to carry out, except in the cottages, where there was no provision of that kind at all.

Designing the sanitarium's main buildings with I-shaped footprints allowed for future additions to be built at right angles, thus creating H-shaped buildings. Ample open space around each building would allow MTS to expand as needed to fully address Chicago's tuberculosis problem.

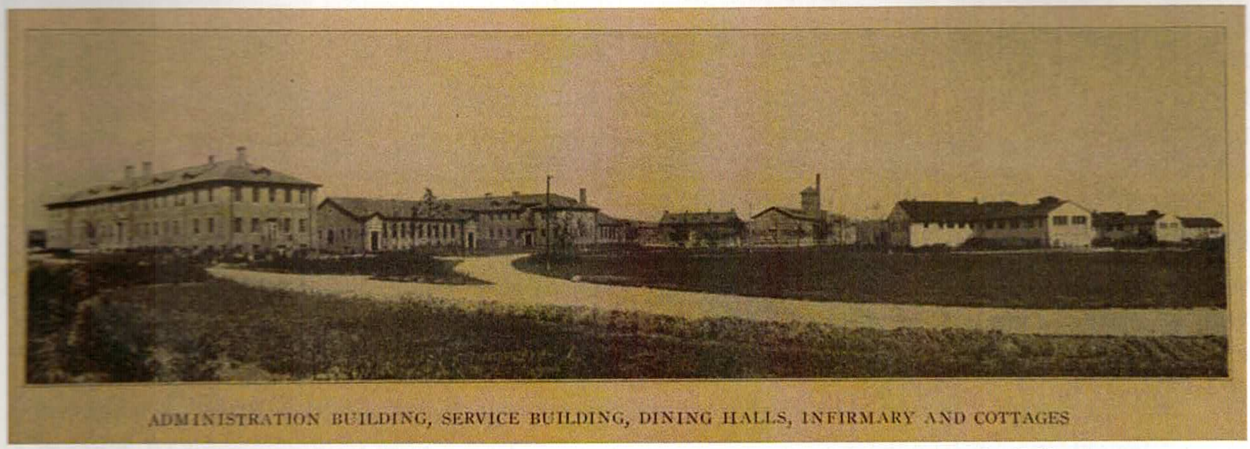
Although MTS was designed for future expansion, by the 1910s, government tuberculosis sanitariums across the country found that patients were increasingly abandoning their treatment. Specialists like Carrington identified the reason as a lack of mental stimulation and uninspiring surroundings. He believed that the sites required not only access to fresh air, but they also had to be scenic to hold patients' interest for the duration of their six-month to two-year stay.

To help resolve the issue of patient disinterest, additional attention was given to patient activities and to the sanitarium's landscaping. Landscape "gardener" Ossian C. Simonds was selected by the Committee to design the sanitarium grounds. Simonds had established himself as an important designer after creating notable landscapes for Graceland Cemetery, Lincoln Park, and parks throughout the United States. Although challenging, the MTS site proved a manageable task for Simonds who used the site's existing groves of trees and the nursery's remaining five thousand specimen trees and bushes to develop beautifully landscaped grounds as MTS board president Higginbotham had promised the surrounding community.

The site remained flat like the native prairie, with inclines and undulations kept to a minimum. The primary visual features of the landscape came from groupings of trees, bushes, and flower beds that Simonds had carefully planted throughout the campus, especially among the patient cottages and along main curving paths. Simonds closely followed the growing Prairie School movement in architecture and landscape design and developed clusters of plantings that reflected the school's penchant for natural-looking displays of native flora. His work focused on the use of plants native to Illinois and the Midwest, which naturally merged with the socially progressive thinking of the early 1900s that involved the conservation and restoration of landscapes.

Construction of MTS began in late 1911 with the draining and grading of the land. Deliveries of construction materials were piled at the edges of the vast property and had to be hauled onsite by wagon. A lack of roads or rail lines for moving materials made construction harder and more expensive. The beginning of winter also limited progress by making excavation work and concrete setting nearly impossible. Heat was critical for completing buildings, so work started on the Power House, which could serve as a heat source during construction. Contracts for the Power House were signed to contractor J. C. Robinson & Son and ground was broken in December. However, according to Otis, the Power House was not completed until the summer of 1912, which meant that work on other buildings could not commence until then.

At last, in the spring of 1912, when construction of several key buildings began, Otis started to visit the site, often two or more times per week. Otis later recalled that his partner, Edwin Clark, handled the majority of office work and was uninvolved with issues onsite. Indeed, Clark made almost no mention of the project in his diaries of the time. Construction proceeded at a rapid


ADMINISTRATION BUILDING, SERVICE BUILDING, DINING HALLS, INFIRMARY AND COTTAGES

Looking northeast along the main entrance road toward the main sanitarium buildings.
Dedication Day, 1915.

pace. The Power House and laundry building were completed first, along with the auxiliary transformer house, garage, barn, and other non-extant buildings. The infirmary complex, Administration Building, dining halls and central service building, and the entrance gate houses were begun in 1913. The last structures to be completed were six male and six female frame patient cottages and four specially designed cottages for children, which was a new concept not found at any existing sanitarium. All buildings were completed in time for the grand opening ceremony in April 1915.

In addition to main buildings and cottages, Otis & Clark designed a series of auxiliary buildings that would support activities for patients. These included several farms buildings for the southeastern corner of the grounds: a large greenhouse, a chicken farm with long coop buildings for gathering eggs, root cellar, and even a small dairy house. Of these structures, only the foundations of the greenhouse remain today. Farm work was intended to both provide food for use in the main kitchens and also to give patients meaningful "occupational therapy" to keep them mentally stimulated as well as to prepare them for reentry into the work force. Although the structures were not immediately built, they were added later. Other buildings that were planned for and later built include the assembly building and the Laboratory Building by architect Jarvis Hunt, the chapel by architect Hans Liebert, and the children's camp and pool by landscape architect Jens Jensen.

DESIGN AND MATERIALS

Nearly every material selection, finish, and other fine details were chosen by William Otis, who in turn made his decisions based on both direction from Sachs' and specifications given in Carrington's book. When asked during a hearing in 1916 of how contractors should meet specifications given in Carrington's book, Otis noted, "we were given to understand that they must live up to them explicitly, very accurately; that we must have special instruction from the board to the contrary." Accordingly, Otis intervened on at least two occasions: once when a contractor attempted to substitute a cheaper and highly flammable stain for cottage shingles, and again when a contractor ordered 140 doors that did not meet specifications.

Although some material specifications were made for health and safety, other building choices reflected Sachs' desire to build a substantial and permanent institution for the care of tuberculosis sufferers. Buildings were specified to be visually appealing and built using materials of higher quality to give patients a greater sense of respect for the facility. Otis, when asked if MTS directors had insisted on more expensive materials than necessary, noted that, "one of the points [the board] seemed to have in mind was to have everything look cleanly, and have the excuse, if one could put it so, to insist upon the patients' keeping it so." Sachs and the other board members felt that sanitarium's built as temporary facilities of cheaper materials were prone to vandalism from disrespectful patients. Creating a sense of importance without extravagance was the ultimate goal for the design of MTS. C. A. Erickson wrote in *The Brickbuilder* in 1915 of MTS:

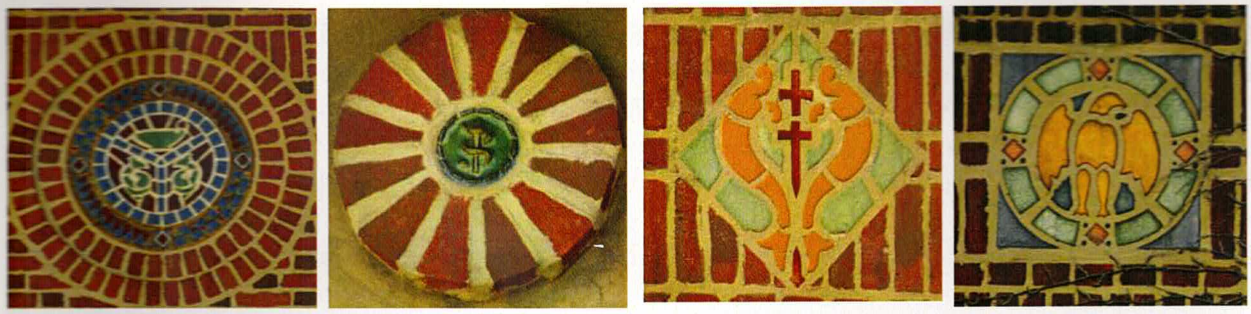
> There is nothing of a temporary nature to be seen; the cattle shelter primitiveness is missing and in its stead one feels the strength and seriousness of the group. The red brick buildings with the overhanging roofs of purple and red tiles, the gleaming white cottages, the gay tile panels, the winding roads, the green of the clipped lawns and of the bushes, the sparkle of gay flowers, with a soaring water tower dominating the whole and emphasizing the ease and snugness of its fellow-buildings — all this seems to smack more of the well ordered life of leisure than of the giant institution. … [the architects] have let their fancy play over the buildings until each has its distinct individuality.

Instead of the usual wood frame buildings that had been used out of economy at other institutions and that were promoted in Carrington's book, Sachs and Otis and Clark opted for more substantial brick construction for all of MTS's buildings, except for the cottages. Not only did brick evoke permanence and command respect, but it was also a versatile material that could transform ordinary walls into tapestries of visual interest without significant additional cost. Later, the American Face Brick Association advertised the extensive use of molded face brick at MTS. In an advertisement from 1922 highlighting the Administration Building, the association poses:

> What could be more delightful than the simple and effective pattern work here rendered by means of the always adaptable brick units? The patterned tympana over the windows, the basket weave door jambs, the soldier and rowlock belt courses, and the field of Flemish Bond unite in a chaste mosaic of which the eye never tires.

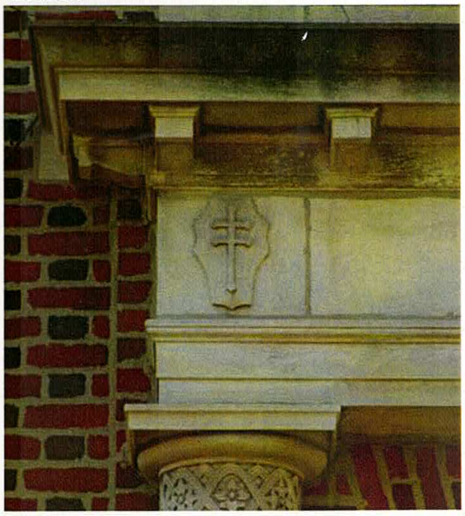
Although the buildings at MTS are primarily defined by brick, fine detailing including copper cornices and eaves, limestone trim, multi hued clay roof tiles, and decorative tile panels contribute to the aesthetic appearance of the campus. Of these elements, some of the most colorful and visually significant are the many decorative tile panels set in the brick walls of MTS buildings, from the Power House and transformer building to the infirmary buildings and dining halls. The Henry Marble Company supplied the tiles. The panels are composed of either a single tile or several tiles in a mosaic and portray a variety of symbols. Symbols include the City of Chicago municipal "Y," which stands for the intersection of the city's three riverways; the swastika representing peace and good luck (well before the symbol was co-opted by Nazis); torches for life and enlightenment; the lamp of knowledge; and the Rod of Asclepius, representing medicine and health care. Other tile panels show lions, griffins, and the Cross of Lorraine, which became the international symbol for the fight against tuberculosis.

The double-bar Cross of Lorraine appears prominently on several buildings at MTS. The cross, suggested by Parisian physician Gilbert Sersiron, was adopted at the 1902 International

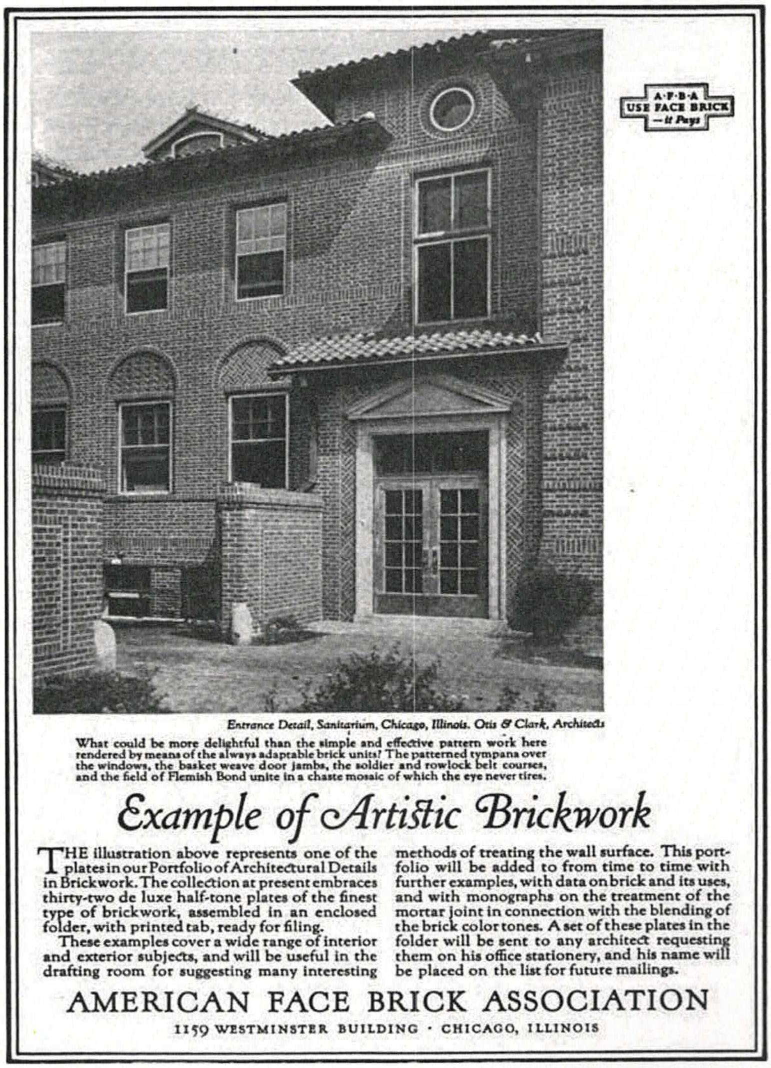


The buildings at MTS are clad in multi-hued red brick, which is laid in decorative patterns. Additional details can be seen in a variety of tile mosaics found on almost every building. Each has either a geometric or a symbolic design. Some of the more common symbols include the municipal "Y," the Rod of Asclepius, various griffins, and the double-barred Cross of Lorrain. The cross was adopted in 1902 as the symbol for the fight against tuberculosis, and is found rendered in tile, brick, and limestone.

Cross of Lorraine on the Infirmary Building executed in contrasting brick.



Cross of Lorraine carved in limestone on the Men's Dining Hall portico.



A·F·B·A
USE FACE BRICK
—it Pays

Entrance Detail, Sanitarium, Chicago, Illinois. Otis & Clark, Architects

What could be more delightful than the simple and effective pattern work here rendered by means of the always adaptable brick units? The patterned tympana over the windows, the basket weave door jambs, the soldier and rowlock belt courses, and the field of Flemish Bond unite in a chaste mosaic of which the eye never tires.

Example of Artistic Brickwork

THE illustration above represents one of the plates in our Portfolio of Architectural Details in Brickwork. The collection at present embraces thirty-two de luxe half-tone plates of the finest type of brickwork, assembled in an enclosed folder, with printed tab, ready for filing.

These examples cover a wide range of interior and exterior subjects, and will be useful in the drafting room for suggesting many interesting methods of treating the wall surface. This portfolio will be added to from time to time with further examples, with data on brick and its uses, and with monographs on the treatment of the mortar joint in connection with the blending of the brick color tones. A set of these plates in the folder will be sent to any architect requesting them on his office stationery, and his name will be placed on the list for future mailings.

AMERICAN FACE BRICK ASSOCIATION

1159 WESTMINSTER BUILDING · CHICAGO, ILLINOIS

Patterned brick is one design element that recalls the Italian Renaissance Revival style. In the above advertisement, the east entrance of the Administration Building illustrates a variety of brick patterns. *The Architect & Engineer*, February 1922. 121.

Conference on Tuberculosis in Paris. It became the symbol for the U.S. fight against tuberculosis in 1906 when the National Association for the Study and Prevention of Tuberculosis (later the American Lung Association) used it. Several versions of the cross design existed, but it was standardized in 1913 by the association, which favored a double-barred cross with equal cross arms, and the lower standard being longer than the cross arms. All ends were to be pointed at 45 degrees. The final design was trademarked in 1920 due to its use by institutions with dubious reputations; reputable sanitariums could license the use of the cross for a fee. At MTS, the cross appears in multi colored tile panels in a frieze below the eaves of the Power House tower, in brick at the top of the central infirmary operating building, in limestone pediments above the entrances of the dining halls, and several other places.

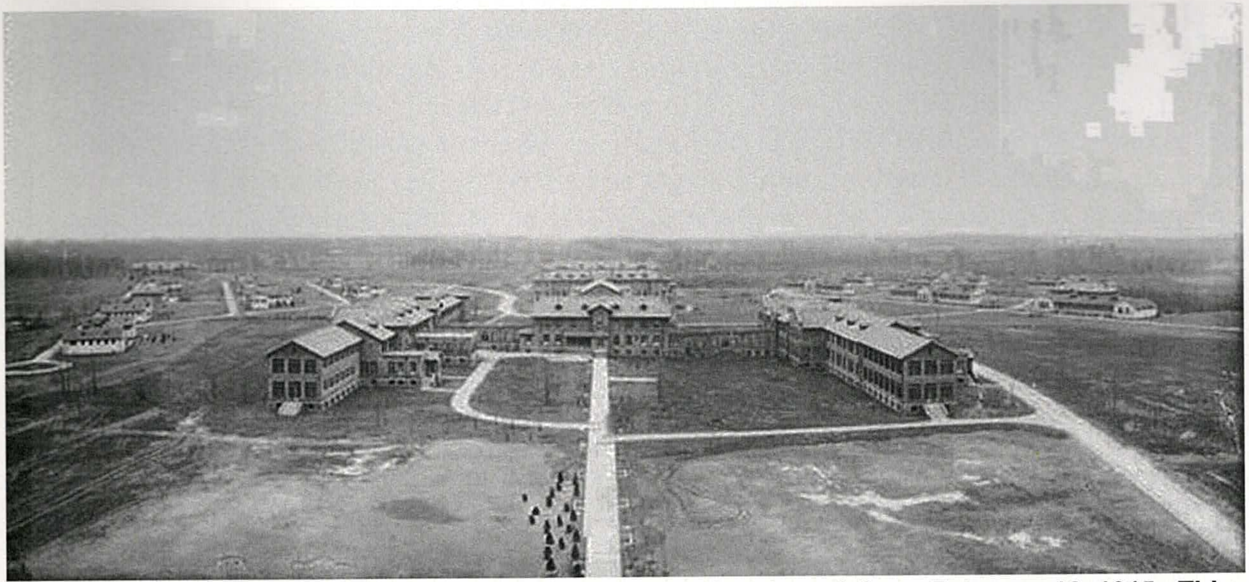
HISTORY OF THE MUNICIPAL TUBERCULOSIS SANITARIUM

Having achieved his ultimate goal, Dr. Sachs announced on dedication day February 16, 1915:

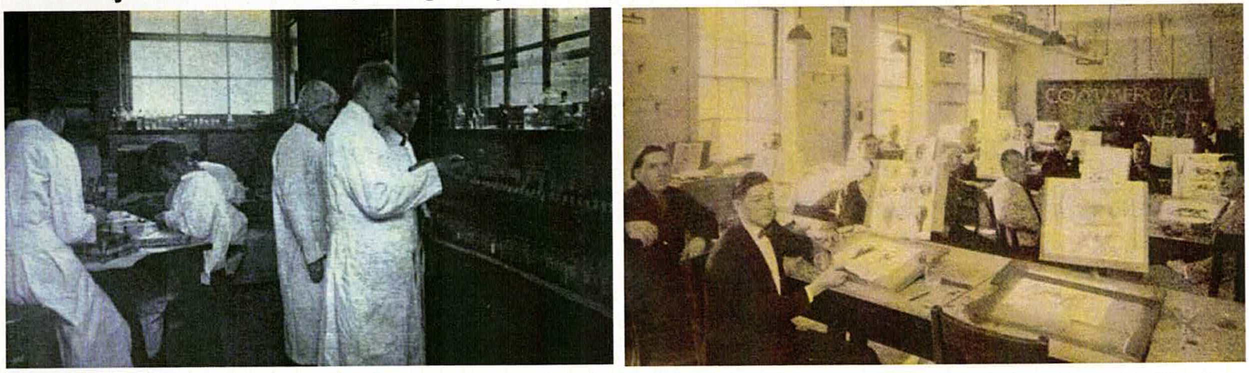
> Years of incessant labor, without a day's intermission, are at an end and the Chicago Municipal Tuberculosis Sanitarium completed stands today with its doors open to give the tuberculosis sufferer in the city a chance against the deadliest malady of mankind. … The magnitude of this undertaking, the liberality of the provisions for this institution on the part of the citizens of Chicago, the broad scope of the organization which though its dispensaries, physicians and nurses reached out into the innumerable recesses of the tuberculosis problem, the broadness of the scheme at present in operation is but an expression of the great forces of progress which through all kinds of conditions have always animated Chicago during its comparatively brief period of existence and made this one of the greatest cities of modern times.

The Chicago Municipal Tuberculosis Sanitarium opened its doors on March 9, 1915, with a capacity of 650 beds and 25 buildings. By 1916, the sanitarium expanded with an increased capacity of 950 beds and 38 buildings. The new sanitarium more than tripled the number of available beds for tuberculosis care in the Chicago area and even added facilities that previously had not existed, including 240 beds for pediatric cases, a maternity department and nursery for infants of tuberculous prospective mothers, both medical and research laboratory facilities, and open-air sleeping quarters for employees. The new sanitarium also was linked with 35 existing dispensaries across Chicago, which served as outposts of the sanitarium, where prospective patients could receive testing, treatment, and be recommended for treatment at MTS. All treatment was free to Chicagoans. The Municipal Tuberculosis Sanitarium gave Chicago a lead in its fight to control tuberculosis and save its citizens from avoidable death.

In 1914 there had been over 3,900 deaths from tuberculosis in Chicago, or 16.3 for every 10,000 deaths. According to the Chicago Department of Health, tuberculosis shifted in 1915 from the second-most common cause of death in Chicago to third, after pneumonia and a new prominent cause – heart disease. However, tuberculosis was likely still the greatest cause of death as many cases were misdiagnosed as pneumonia. Chicago started requiring tuberculosis cases to be registered beginning in 1915; that year there were over 10,000 known cases, but many more were still being misdiagnosed due to the disease's slow growth and symptoms that can be similar to other less deadly afflictions. By 1924, the reported death rate from tuberculosis had fallen by nearly half, to 8.3 per 10,000 deaths.

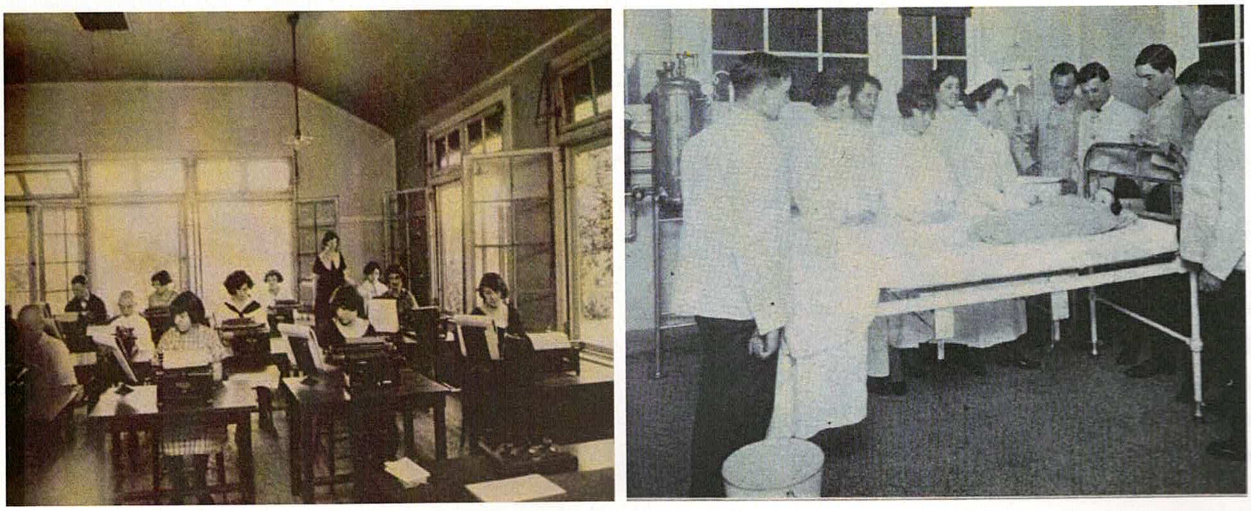


The Chicago Municipal Tuberculosis Sanitarium opened to the public on February 16, 1915. This view of the grounds looking west from the Power House tower toward the Infirmary was taken three days later. DN-0064106, Chicago Daily News Negatives Collection, Chicago History Museum.



MTS established a vocational school to prepare patients for re-entry into the workplace. Patients could receive real experience in nearly every department; some were later hired by MTS. Classes ranged from farming and cooking to nursing and classes in arts and crafts. *Above left:* students study laboratory work. *Above right:* students learn commercial art. *Below left:* a class in stenography. *Below right:* a nursing class.

Monthly Bulletin of the City of Chicago Municipal Tuberculosis Sanitarium, January 1920.



During the 1910s and 1920s, between 4,000 and 8,000 patients were treated annually at MTS. Patients came from all parts of the city and represented dozens of nationalities. Although many hospitals and sanatoria were segregated, Sachs and the MTS board "refused to draw a color line" and opened all parts of the sanitarium to African American patients. African American and white patients were given the same cottages and mixed together in all activities and arrangements. A *Chicago Tribune* reporter noted that in some cottages as many as one third of all patients were African American.

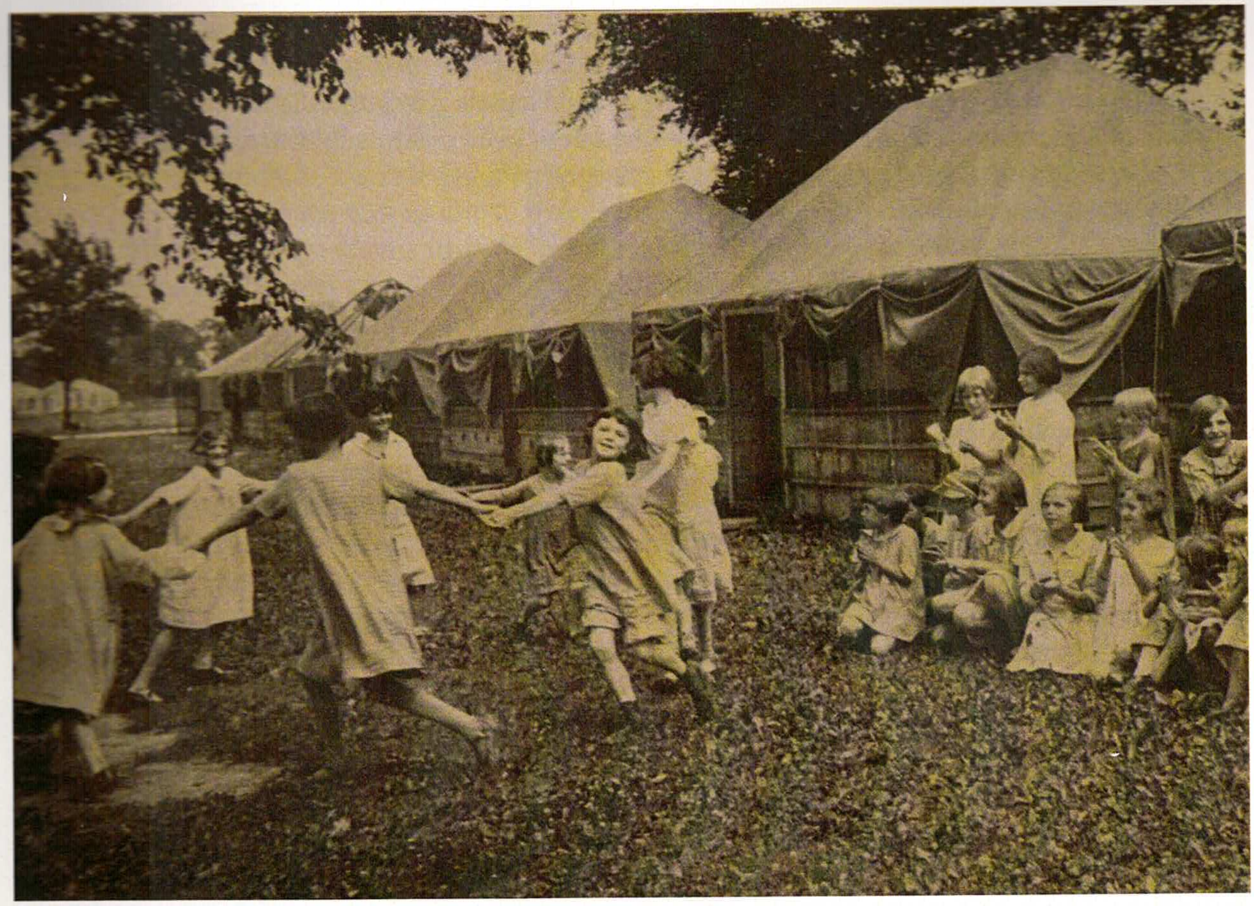
Occupational Therapy

The Chicago Municipal Tuberculosis Sanitarium, like other sanitariums built during the early 20th century fight against tuberculosis, operated on the notion that living in fresh, open air with a regulated and rich diet was the best treatment for alleviating the symptoms of tuberculosis. The site was principally an outdoor hospital where patients spent the majority of their time lounging in bed either outside in the sun or covered in large screened porches. All cottages for convalescent patients were essentially large covered porches with a central enclosed room with lockers for personal storage. The infirmary buildings, which were for more advanced cases, similarly had open wards with screened porches for maximum light and air. In winter, patients were well bundled in wool blankets before being wheeled out into the open porches for hours at a time.

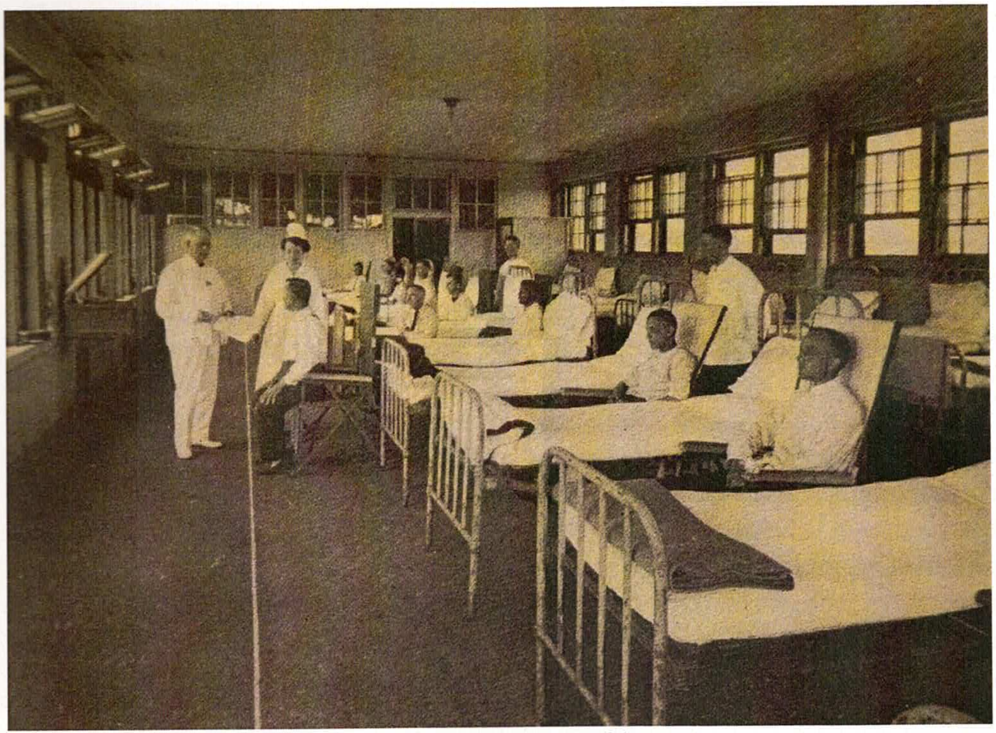
Patients at the Municipal Tuberculosis Sanitarium were isolated, but the grounds also served a more productive end than to simply quarantine and treat patients with fresh air. Sanitarium treatment since Trudeau's Saranac Lake had meant months of enforced idleness and monotony, which tended to starve patients of mental stimulation and limited their ability to rejoin the workforce at the end of their treatment. To improve the post-treatment life of patients and prevent patients from ending their treatment prematurely, since the facility could not forcibly hold patients, MTS offered a range of activities as well as occupational therapy. Patients in early stages of the disease were allowed to participate in outdoor exercise, light farming, vocational studies, and productive work at the institution. Time spent at the sanitarium was not simply lost in a fight for recovery; patients were allowed to gain knowledge and become as or more productive on their return to society.

The grounds, designed by Simonds, featured long walking paths that gently curved around the buildings, across grassy fields, and through wooded sections. Otherwise, more vigorous activity could be had in light farming. Tilled farms growing dozens of types of vegetables occupied the northeastern and southeastern corners of the grounds. Food produced on these farms was consumed by patients and staff in the two main dining halls. Later, chicken coops were added to provide eggs as part of the rich and wholesome diet encouraged by the sanitarium.

Food preparation was primarily performed by kitchen staff, but one aspect of occupational therapy included involving patients in aspects of running the sanitarium, including kitchen duties. A vocational school was established at MTS, following the popularity of occupational therapy programs at sanitariums across the country. In 1919, Wisconsin was the first state to require occupational therapy for sanitarium patients. However, most programs offered arts and crafts–oriented therapy such as beading, woodworking, jewelry making, basket weaving, and other manual projects. In contrast, at MTS patients had the opportunity to learn from nearly



The children's "preventorium" on the grounds of MTS.
Monthly Bulletin of MTS, 1926.



Open air recreation porch in the Men's Infirmary Building wing.
***Monthly Bulletin of MTS*, 1925.**

every department of the sanitarium. Patients could train in diet and cooking, pharmaceutics, chemistry, radiology, photography, telegraphy, stenography, horticulture and agriculture, electrical wiring, sewing and tailoring, barbering, and English. Undergraduate nursing classes were also offered. Lectures were given by instructors or even patients in some cases. Finally, a provision was made for the employment of discharged patients in areas of the sanitarium where they had gained experience.

Clinical Therapy

Sunlight and fresh air was not the only treatment available at the Municipal Tuberculosis Sanitarium. Medical advances allowed for a range of invasive procedures to be perfected and employed to mitigate the effects of tuberculosis.

During the 1920s, developments in radiology allowed doctors to investigate patients before making any incisions. One significant use was to capture an image of a patient's lungs. Pulmonary tuberculosis left cavities and voids in the lungs that would appear as dark spots on x -ray films. At MTS, the procedure known as thoracoplasty was perfected and became standard procedure at dozens of other sanitariums across the country. The surgery, which collapsed infected portions of the lung, had a significant effect on tuberculosis treatment and reduced mortality rates across the U.S. From 1880 to 1937, mortality from tuberculosis in the U.S. fell from 300 for every 100,000 deaths to 69 per 100,000.

Doctors at the sanitarium were open to new procedures and conducted research into alternative and less invasive treatments, including the first vaccine to be effective against tuberculosis. The Bacillus Calmette–Guérin (BGC) vaccine was successfully introduced in France in 1921 and quickly implemented as part of effective mass immunization programs in countries around the world. However, in the United States, the BGC vaccine was not widely distributed as health officials preferred established methods of detection as well as sanitarium treatment. Although the mantra of many state and local tuberculosis leagues was "prevention is cheaper than cure," researchers in the U.S. generally focused on finding a cure rather than relying on preventative measures such as the BGC vaccine. Despite this, MTS had a strong prevention program and chose to use the BGC vaccine beginning in 1934 to vaccinate school-children. MTS's "prevention clinic" was led by Dr. Sol Rosenthal, who was also involved in tuberculosis research at the University of Illinois. MTS's use of the BGC vaccine made Chicago the first city to widely vaccinate children and infants against the disease. Through continued research, the vaccine was made 80 percent effective at preventing tuberculosis in children. The vaccination program became a major component of MTS's and Chicago's greater fight against the disease through the 1960s. A 1961 study among children of MTS's vaccination efforts found a 75 percent reduction in mortality.

The protection of children was perhaps the greatest goal and success of MTS. It was the first sanitarium to allocate nursing and infirmary space specifically for childhood cases as well as maternity wards for expectant mothers with tuberculosis. Architects Otis and Clark designed, with Sachs' guidance, the first patient cottages designed specifically for children. Two boys' and two girls' frame cottages were built, the designs for which were later published in Carrington's updated 1916 book on sanitarium design. According to a 1915 note in the *Journal of the American Medical Association*, MTS was the first public sanitarium to accommodate not only children but infants as well. Beginning in 1916, MTS director Dr. Robertson added 116 beds for children by having new "sun wards" carved from the ground floors of the infirmary building wings. An entire floor for children was opened in 1928 in the Infirmary Annex. In addition to treating children, MTS developed a year-round program for preventing the spread of tuberculosis in children. It isolated children, especially those who were malnourished and had been exposed to and were susceptible to the disease. Children received fresh air, medical and dental treatment, and eye exams from MTS nursing staff. The MTS "preventorium" occupied cottages during the winter and expanded during summer vacation to include eight tents with a capacity for 256 young patients.

Later History of the Municipal Tuberculosis Sanitarium

Despite progress, a national survey in 1945 identified Chicago as one of the "nation's tuberculosis plague spots." The city's death rate was one of the highest in the country despite its innovative procedures and extensive anti-tuberculosis programs. By the time MTS's quality and care had suffered. By the late 1940s, MTS had room for 1,200 patients, but, the *Chicago Tribune* reported, "many patients died while seeking to cut the political red tape which frequently balked their admission." MTS was overhauled in 1949 following the election of Mayor Martin H. Kennelly, with a new board headed by Dr. Ernest E. Irons, who had served as president of the American Medical Association. The entire institution was then revamped for increased efficiency to better accommodate the hundreds of critical tuberculosis cases that had been on waiting lists to enter the facility. The city's death rate from tuberculosis declined by 20 percent in 1950 following reforms at MTS, and by the late 1950s there was no longer a waiting list for treatment.

Between 1955 and 1965, deaths from the disease decreased by 64 percent. Part of this decline was because of improvements at MTS and the city's hospital system, but the reduction was also due to new drugs to fight tuberculosis. Postgraduate researcher Albert Schatz studied soil-born microorganisms that could destroy or inhibit the growth of penicillin-resistant bacteria. Of the thousands of species of microorganisms, one had to be identified that killed tuberculosis bacteria. In 1943, he identified the microorganism *Streptomyces griseus*, which excretes a substance that Schatz called streptomycin. This substance formed the basis for new anti-tuberculosis drugs. Although the drug alone does not completely eradicate tuberculosis, when combined with other drugs it was found to be very effective in its treatment if taken correctly. Although new drugs to defeat tuberculosis were developed and improved during the 1940s, they were not widely administered at MTS until after the MTS board was overhauled in 1949.

During the late 1960s, the number of beds at MTS for tuberculosis patients decreased by around 100 per year over a period of five years. Childhood tuberculosis cases had declined significantly in Chicago, and despite many adult cases, infection rates among adults were decreasing faster in Chicago than in other cities at the time. At MTS, patients were consolidated to the women's section of the grounds, and around 1970 all the frame men's section cottages and several of the women's section children's cottages were demolished. Only 200 patients remained at MTS by 1974. The objectives of fresh air, sunlight, and good diet had been successfully replaced by drug therapies, which many patients preferred to take at home.

The Municipal Tuberculosis Sanitarium closed in 1974. At last, the hopes expressed by board member William A. Weiboldt on MTS's opening day in February 1915 were realized. Tuberculosis was no longer an incurable plague, and the sanitarium's landscape could be set aside for the enjoyment of both old and young.

Several redevelopment projects were proposed and the remaining frame cottages were razed, but neighborhood opposition prevented the complete demolition of the facility and its grounds. Instead the site was divided into several sections, each with a different proposed reuse. In 1975, Mayor Richard J. Daley announced plans to repurpose the grounds by maintaining open space for the current Peterson Park and nature preserves; development of new senior housing buildings; conversion of the former infirmary building into efficiency apartments; reuse of the dining halls and other buildings as dining halls for seniors; and the construction of a public school for the deaf and blind. Many of the original buildings remained vacant and deteriorated through the 1980s, when the original nurses' home, grounds keeper's cottage, and other farm-related buildings on the campus's eastern end were demolished. In 1989, acting mayor Eugene Sawyer entered into a 75-year conservation easement the Corporation for Open Lands to protect 108 acres of the former MTS campus for its ecological, aesthetic and open space value.

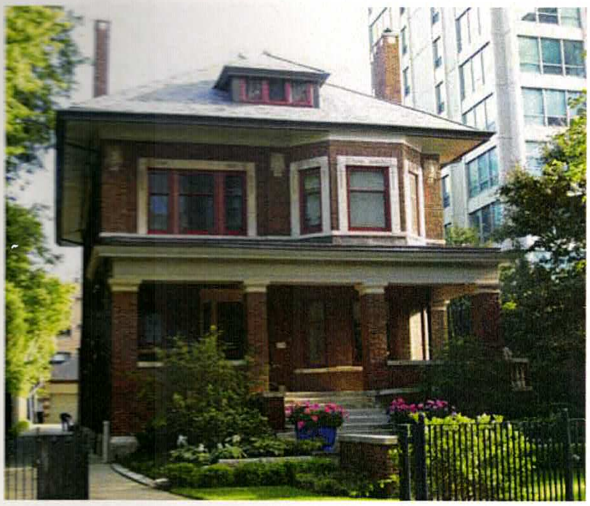
ARCHITECTS AND LANDSCPE ARCHITECTS

The Firm of Otis & Clark

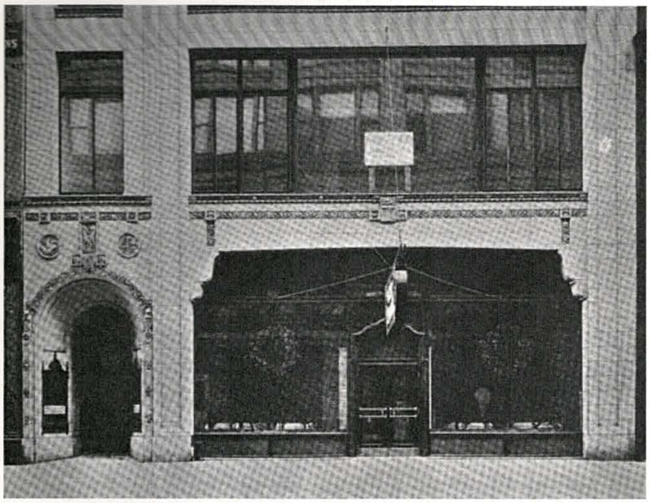
The firm of Otis & Clark was founded in 1908, when William A. Otis added draftsman Edwin H. Clark as a junior partner to the firm. The previous year, the firm had been hired to design the buildings for the Edward Tuberculosis Sanitarium in Naperville, which was overseen by Dr. Theodore B. Sachs. This early sanitarium development proved successful, and the firm was again hired, this time at the recommendation of Dr. Sachs, to design the Municipal Tuberculosis Sanitarium. The firm's head draftsman, G. P. Ericson, lead the development of plans for both the Edward Sanitarium and MTS. The partnership between Otis and Clark lasted until 1920, when Clark left to found his own firm.

Otis & Clark also designed numerous residences for private clients including the Edward Cudahy residence at 1304 North Astor Street (1915, demolished); the Ferdinand O. Baumann house at 530 West Hawthorne Place (1909, Chicago Landmark); and the terra cotta–clad, Prairie School–style Porter Building at 125 North Wabash Avenue. One of the residences that the firm designed was for James Ward Thorne in Lake Forest, Illinois (525 Broadsmore Drive, 1912). Many of their residential works are eclectic in style and are notable for their overt Prairie School style references mixed with other styles. Describing the firm's domestic architecture, progressive journalist Herbert Croly wrote in Architectural Record in 1915:

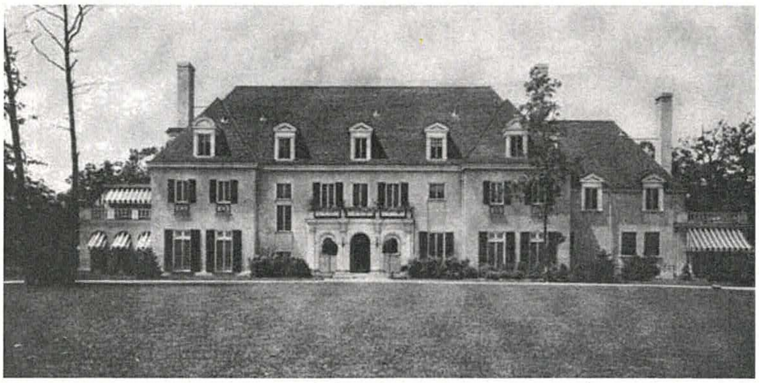
> The cleverness of architects who can handle so many different styles with so much taste and with such a nice sense of the idiom of each particular style is incontestable. It is to be hoped, however, that soon they will settle down and specialize in a particular type of design. The biggest successes in American architecture have been made by firms whose work was characterized less by versatility than by the mastery of one particular style, which can only be derived by patient and varied experimentation with its possibilities.



Otis & Clark designed this Four-Square style residence for cabinet maker Ferdinand O. Baumann in 1909 at 530 West Hawthorne Place. It is part of the Hawthorne Place District.



The terra cotta—clad Porter Building at 125 North Wabash Avenue was designed by Otis & Clark in and completed in 1916.
American Architect, May 29, 1918. Plate 190.



This French-Baroque Chateau style home was designed by Otis & Clark for James W. Thorne at 525 Broadsmoore Drive in Lake Forest, Illinois. Narcissa Thorne later hired Edwin Clark to design some of the first miniature "Thorne Rooms," which are displayed at the Art Institute of Chicago.

Architectural Record, May 1915.

William Augustus Otis (1855 – 1929)

Otis was born in Almond, New York in 1855. He studied civil engineering at the University of Michigan, where he was in the same class as future landscape gardener Ossian C. Simonds. Both students were drawn to the field of architecture when they took a special course in architecture in 1876 taught by architect William Le Baron Jenney. After graduating, Otis shifted his studies to architecture and continued his studies at the Ecole des Beaux Arts in Paris, France. Arriving in Chicago in 1881, Otis joined Jenney's firm as a draftsman and became a junior partner in 1887. A few years later he entered private practice before partnering with the younger Edwin H. Clark in 1903. Otis was also an architectural historian and gave lectures at the Art Institute of Chicago. He was also part of an early group of young architects credited with promoting and expanding what would become known as the Prairie School movement during the late 1890s and early 1900s. In 1920, Otis partnered with his son Samuel S. Otis as W. A. Otis & Son.

William A. Otis, c. 1878.
Winnetka Historical Society

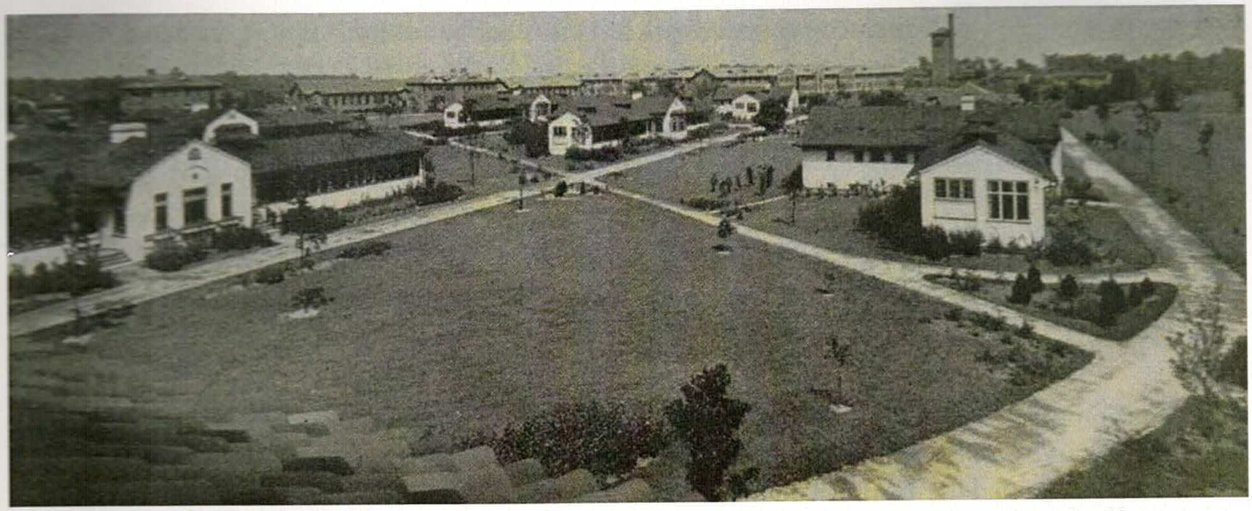
Otis is known not only for his buildings at the Municipal Tuberculosis Sanitarium but also for schools and residences in Winnetka and the North Shore suburbs. These include the Gothic Revival style Christ Church in Winnetka from 1905, the red brick Greeley School in Winnetka from 1912, and numerous private residences.

Edwin Hill Clark (1878-1967)

Edwin Clark was born in Chicago in 1878. His father, Alison Ellis Clark, was a member and director of the Chicago Board of Trade, but he entered the paint business in 1888 when he purchased a controlling interest in the Chicago branch of the Boston-based Wadsworth Holland paint company. Edwin Clark studied chemistry at Yale University and, along with his brother Marcell, joined his father's paint company in 1900. However, in 1903 he developed lead poisoning, which required a period of recuperation. During that time he enrolled in drafting classes at the Armour Institute of Technology (currently the Illinois Institute of Technology), which was near his home. In 1903 the firm of William A. Otis hired him as a draftsman, and he was made a partner in the firm in 1908. In 1920, Clark left Otis's North Shore firm to begin his own in downtown Chicago. He continued to design many homes for wealthy clients, primarily on the North Shore, where he lived.

Edwin H. Clark
***Chicago Tribune*, March 25, 1928.**

Clark, who favored a style of eclectic Classicism, designed several buildings across Chicago and the North Shore. These include the Lake Forest Library (360 East Deerpath Road, 1931), the Spanish Court shopping mall in Wilmette (1515 Sheridan Road, 1928; large portions of the development were lost to fire in the 1930s), City Hall buildings in Hinsdale; Winnetka City Hall (510 Green Bay Road, 1925), the Jacob A. Wolford Memorial Tower of the Waveland Field house in Lincoln Park north of Addison Street (1931), and the Brookfield Zoo (1926).



The sanitarium landscaping was designed by landscape gardener Ossian C. Simonds. He sculpted the otherwise flat land and created natural-looking groupings of trees, shrubs, and flower beds throughout the grounds and along the paths. This photo was taken looking northeast from the Nurses' Home across the women's patient cottages to the Power House in the distance. Over 5,000 specimens left from the Peterson Nursery were incorporated into Simonds' design. *Journal of the Outdoor Life*, May 1916. 130.

During the 1910s, Clark oversaw the redesign and expansion of the Great Lakes Naval Station in Waukegan, Illinois.

Clark also designed several schools, including the grounds of North Shore Country Day School (310 Green Bay Road), Grove School Campus (40 East Mill Road, Lake Forest, 1929), and the original Latin School (1531 North Dearborn Street, Chicago, 1926, demolished).

Ossian Cole Simonds (1855 – 1931)

Ossian C. Simmonds
Washtenaw County Historical Society

Landscape architect Ossian Cole Simonds designed the original campus plan of MTS. He was born near Grand Rapids, Michigan on his family farm in 1855. He attended the University of Michigan in 1874 to study civil service, and like his classmate William A. Otis, he switched briefly to take classes in architecture to study under architect William Le Barron Jenney, who taught at the university in 1876. Simonds graduated in 1878 and moved to Chicago at Jenney's invitation. Simonds' introduction to landscape design began with his work on Graceland Cemetery.

Graceland Cemetery, founded by Thomas Barbour Bryan in 1860, is a rural-style cemetery that was platted across acres of largely undeveloped farmland in what was then the Town of Lake View, now part of Chicago's Lakeview neighborhood. In the late 1870s Jenney developed a series of plans for its eastward expansion and hired Simonds to oversee its development, despite his having no formal education in landscape design. Bryan Lathrop, who was the cemetery's manager, is said to have recognized Simonds's talent as a landscape designer. Simonds's work at Graceland presented similar challenges to those he later encountered designing the grounds for MTS. Simonds' described the challenges he found at the cemetery site in 1878:

> The cemetery occupied a rather high sandy ridge largely covered with oak trees. The new and undeveloped portion was then low — partly swamp, partly slough, and partly a celery field. The changing of this treeless land into an attractive part of the cemetery called for some engineering skill in putting in drains, excavating a lake, grading and building roads, and in grading the various sections. In this work the knowledge gained in acquiring the degree of civil engineer made me somewhat useful to the cemetery company and to W.L.B. Jenney, the architect, who had drawn an outline of the lake and planned its outlet.

Simonds completed the work with William Holabird, who also worked in Jenney's firm, and in 1880 he partnered with Holabird as the firm of Holabird & Simonds. Martin Roche, also of Jenney's firm, joined the firm in 1881, but Simonds left that year to pursue landscape design and become a member of the board of managers of Graceland Cemetery. Bryan Lathrop mentored Simonds and travelled with him to see numerous parks and landscapes, which would later influence his designs and lead him to introduce native plants into his landscapes.

Simonds preferred to be called a "landscape gardener" instead of architect. Over the course of his career he designed dozens of cemeteries and parks in Illinois and around the Great Lakes region, including portions of Lincoln Park, several West Side parks, and Library Park in Kenosha, Wisconsin. Institutional grounds were his specialty. Simonds designed grounds for Fort Sheridan, Illinois (1887); the Morton Arboretum in Lisle, Illinois (1923); Nichols Arboretum in Ann Arbor, Michigan; Indian Hill Club in Winnetka (club buildings were designed by architect Edwin Clark); and one of the earliest 18-hole golf courses, at the Chicago Golf Club in Wheaton, Illinois (1894).

Simonds was an early adopter of native plants in landscape design, which naturally merged with the progressive notions of conservation and restoration that were gaining popularity during the early 1900s. Wilhelm Tyler Miller, in his 1915 publication *The Prairie Spirit in Landscape Gardening* credits Simonds, along with Jens Jensen and Walter Burley Griffin, as the creators of the Prairie Style of gardening. Simonds' use of native plants complemented the growing Prairie School movement in architecture, which took design cues from the Midwestern landscape and its plants. His later designs, such as for Lincoln Park and MTS, reflected the natural growth of native landscapes.

Simonds was a founding member of the American Association of Landscape Architects, and he also helped establish the landscape architecture program at the University of Michigan.

Jarvis Hunt (1863 – 1941)

Architect Jarvis Hunt designed the Laboratory Building and the Infirmary Building at MTS in 1919, as well as several additions to buildings. Jarvis, a nephew of New York architect Richard Morris Hunt, was born in Weathersfield, Vermont in 1863, and he attended both Harvard and the Massachusetts Institute of Technology. Winning the design for the Vermont Pavilion at the World's Columbian Exposition in Chicago, Jarvis Hunt came to Chicago in 1893 to work on the building. His uncle Richard Hunt designed the fair's main Administration Building.

Following the fair Jarvis Hunt benefited from the city's building boom and formed his own firm in partnership with architect William Bosworth. Hunt quickly found a following of wealthy clients for whom he designed large summer homes and substantial suburban residences near Chicago and in Lake Geneva, Wisconsin. Prior to his retirement in 1927, Hunt partnered with architect Charles Bohasseck, who became a resident and co-owner of Hunt's 900 North Michigan Avenue building.

Jarvis Hunt

Hunt's notable national commissions include the original buildings at the Great Lakes Naval Station in Waukegan, Illinois (1903—1927); Dallas Union Terminal train station (Dallas, Texas, 1918), Newark Museum (Newark, New Jersey, 1923—1926), 900 North Michigan Avenue building (1926, demolished), and Lakeshore Athletic Club at 850 North Lake Shore Drive (1927).

Hans Theodore Liebert (1877 – 1966)

Hans T. Leibert designed the Lombard Romanesque style Sacred Heart Chapel on the campus of MTS in 1936 for the Archdiocese of Chicago. He was born in Berlin, Germany in 1877 and immigrated to the United States in 1884. During the 1890s, he lived briefly in Milwaukee where he worked as a draftsman. In 1900, he became an independent architect before moving his business that year to Hancock, Michigan. There he designed commercial buildings, club buildings, the local St. Joseph's Hospital (1902—1904, demolished), and residences.

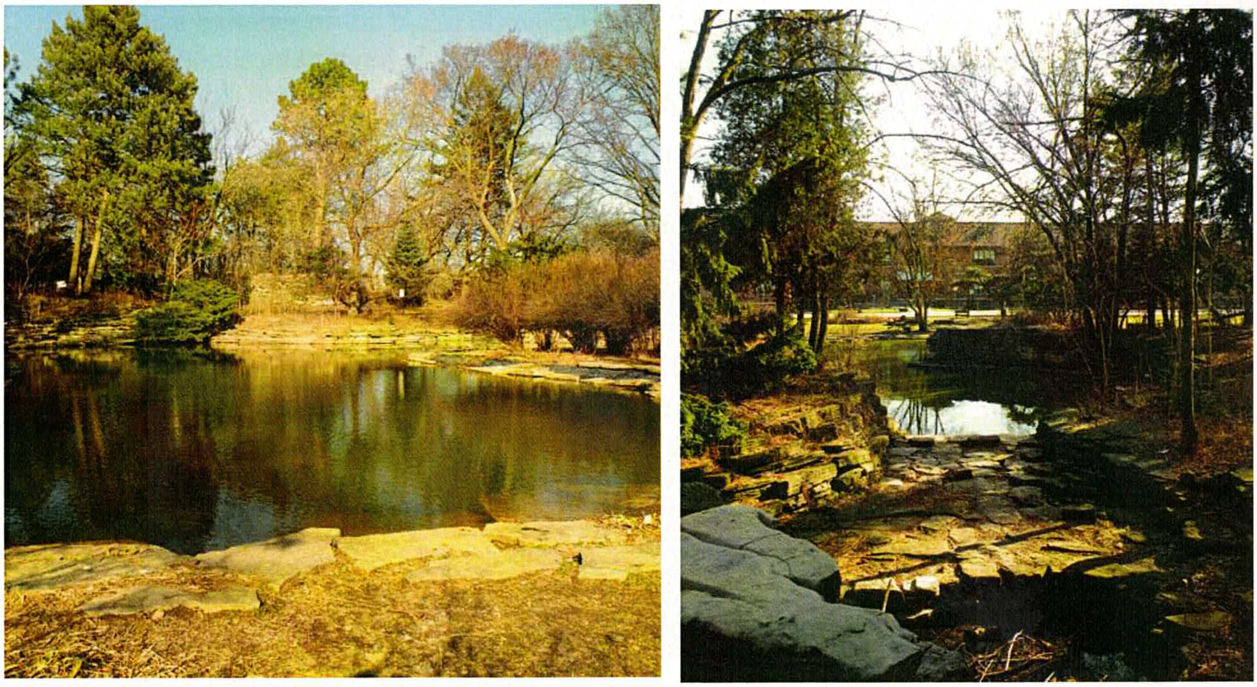
Leibert returned to Wisconsin in 1914, establishing his architectural practice in Wausau, Wisconsin. Although he executed buildings in a range of styles, his notable Wisconsin commissions were strongly influenced by the growing Prairie School style. Examples include his designs for the public libraries in Clintonville and Medford, Wisconsin. Both libraries were completed in 1916 with funds from Andrew Carnegie and feature Rookwood tile accents, strong horizontal lines, and design elements of the Prairie School. During the 1930s he designed several religious buildings, including a chapel addition to Mather Hall at Kansas City University in Kansas City, Kansas (1936, locally designated), as well as the Sacred Heart Chapel at MTS.

Jens Jensen (1860 – 1951)

In 1923, landscape architect Jens Jensen designed a special campground for children of tuberculosis-infected parents at MTS. The campground was planned for the northwestern corner of the sanitarium grounds and was to feature a natural garden with rock outcroppings, cascading water, and a "spring-fed" pool for children to enjoy during the summer. Although Jensen's plan for the campground was never fully completed, his design for the pool was built under the Works Progress Administration (WPA) during the 1930s. The shallow pool, lined by an irregular border of stratified limestone blocks, is surrounded by trees and shrubs, with a limestone bluff and stone bridges.

Jens Jensen
***The Highway Magazine*, April 1923.**

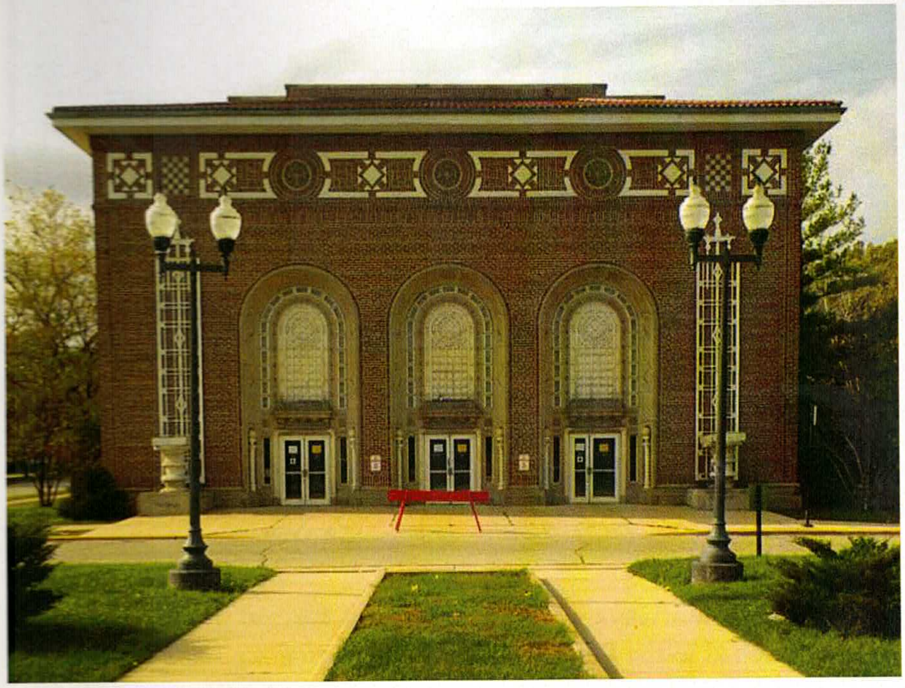
Jensen is acknowledged as one of three pioneering landscape architects who guided the development of natural or Prairie style landscape design. His designs readily emulated the serene and rugged beauty of the Midwestern landscape, transplanting seemingly natural scenes into otherwise artificial landscapes. Jensen established a series of signature design elements that he would incorporate or reference in his projects. Most important was the use of undressed, local limestone, which could be built into walls to resemble bluffs, set along the edge of pools or ponds, or laid as a path. Flowing water too was a significant feature, its energy and sound recalling the meandering streams and rivers of the Midwest; especially dramatic was the combination of stone and water to form cascading water flows or falls. Each unique scene was then connected to the greater Midwestern landscape through the use of native trees and plantings. Within the trees, Jensen would create winding paths leading to outdoor rooms or gathering places, where he would typically place a stone camp fire circle.



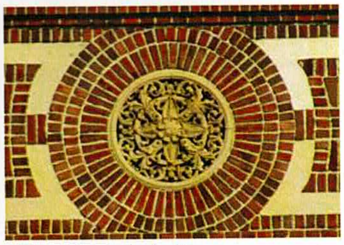
The Children's Pool/Rock Garden epitomized architect Jens Jensen's interpretation of a natural scene set in the Midwestern prairie. Jensen designed this water feature in 1923 as part of a larger campground, though only the pool was completed in the 1930s by the WPA.

BUILDING CATALOG

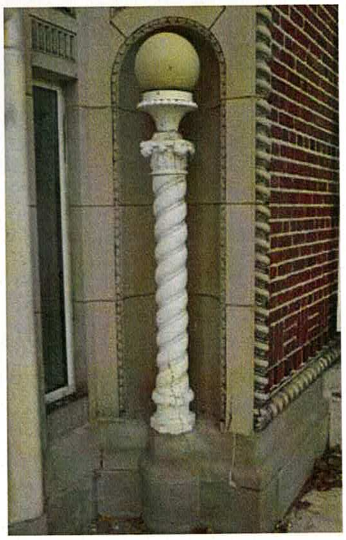
The buildings are presented in the order that they would have been experienced from entering the MTS from the main southwest gate and proceeding northeast through the complex.



Main east elevation of the Auditorium Building.



Cornice detail



Terra Cotta light standard

1. Auditorium Building (Peterson Park Gymnastics Center)
Date: 1919
Architect: Jarvis Hunt

The Auditorium is a two-story brick building at the western end of the MTS campus, opposite the main Administration Building. Early site plans proposed that a future auditorium and chapel be built across from each other around a central lawn that was to stretch westward from the Administration Building. After the change in administration of MTS in 1916, Commissioner of Health and MTS president Dr. Robertson hired architect Jarvis Hunt to design several additions and new buildings, including the auditorium. The estimated $100,000 building was begun in late 1918 and dedicated as the Hall for Health Education on June 29, 1919.

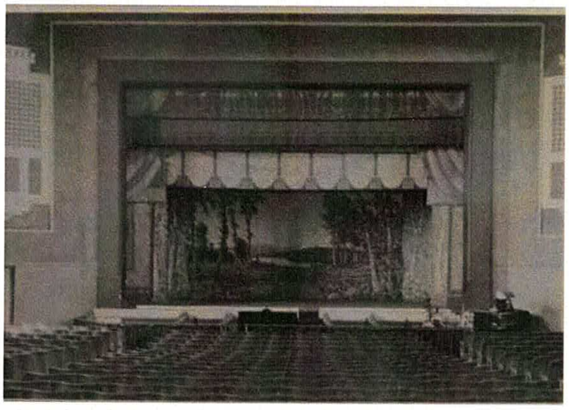
The building provided a space where, as an article in MTS's monthly bulletin of January 1920 stated, "education, recreation and pleasure may be found under very pleasant surroundings." The general public and patients alike could attend lectures on health, hygiene, and proper sanitation to prevent the spread of diseases such as tuberculosis. In addition, the space held conventions of tuberculosis societies and organizations, and it also served as a venue for lectures to physicians and researchers. As a social space, patients were invited to use the auditorium to present their own theatrical, vaudeville, and musical shows; to be entertained by films and stage productions; and to hear lectures related to vocational classes taught at MTS.

The Auditorium is a handsome building that is similar in style to other MTS buildings. Its red brick walls, arched front doorways and tympana, terra cotta details, and shallow pitched front roof clad in clay tile reflect the Italian Renaissance Revival style. However, these elements are applied to the building in a manner that expresses the Prairie School style more strongly than any other MTS building. Its heavy limestone water table and elaborate cornice emphasize the building's horizontal lines and tie the building closely to the expansive prairie aesthetic. The water table consists of a tall band of limestone with a Renaissance Revival carved rope molding along its top. Below the roofline and parapet, the building's cornice frieze is an exemplar feature of the building, combining both the natural palette and form of the Prairie style with Renaissance revival flourishes. Soldier courses of brick frame the cornice on all elevations, which contains alternating rectangular and round panels. The rectangular panels are of brick set in a basket weave pattern and have central diamonds of brick set in stucco. The round panels are composed of brick voussoirs, which encircle round foliate terra cotta grilles in the Italian Renaissance Revival style. At the ends of the cornice on the east elevation are panels with checkerboard blue and grey tiles. All terra cotta was executed by the American Terra Cotta Co.

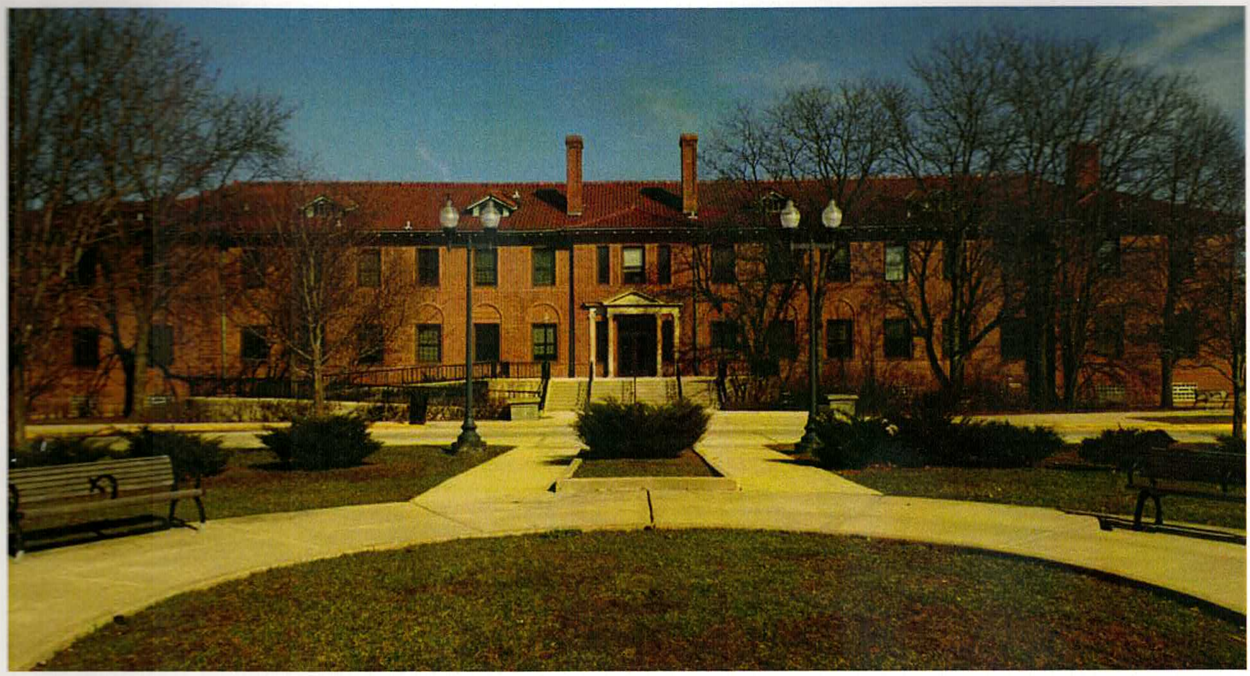
Three main sections define the interior of the building: the front third is capped by a clay tile roof and serves as the main entrance and originally held a balcony; the middle third originally contained the main auditorium space, and has a flat roof obscured by parapet walls; and the rear third contained the stage and backstage spaces.

The main east elevation has three double doorways, which together are flanked by tall twin decorative wood lattice structures attached to the building. Below the lattice are twin Classical cast iron planters decorated with rows of stylized acanthus leaves, set atop an extension of the auditorium's limestone water table, which serves as a secondary planter. Originally, the entrance doors were reached by a flight of stone steps; however the construction of new roadways during the 1980s required raising the grade around the Auditorium by approximately three feet, and resulted in either the burying or removal of the original steps and landing. The three main entrance doorways are set in tall decorative terra cotta surrounds with arched tympana set with wood lattice panels and a projecting terra cotta planter. Flowering vines growing in the planters were trained to grow up the building's various lattice structures. Terra cotta light standards designed like Solomonic columns with Corinthian capitals are set in niches flanking each doorway.

The Chicago Park District acquired the building during the 1990s and renovated its interior for use as a Peterson Park Gymnastics Center. The auditorium is a spectacular building and retains excellent exterior integrity. Its masonry was restored in the 2000s. Alterations are few and limited to the removal/covering of the front steps, burying of the lower brick work of the water table, replacement of windows and doors, and in-filling of some windows.



Auditorium space, c. 1940s. (remodeled)
Chicago History Museum ICHi 69949



Main west elevation of the Administration Building.

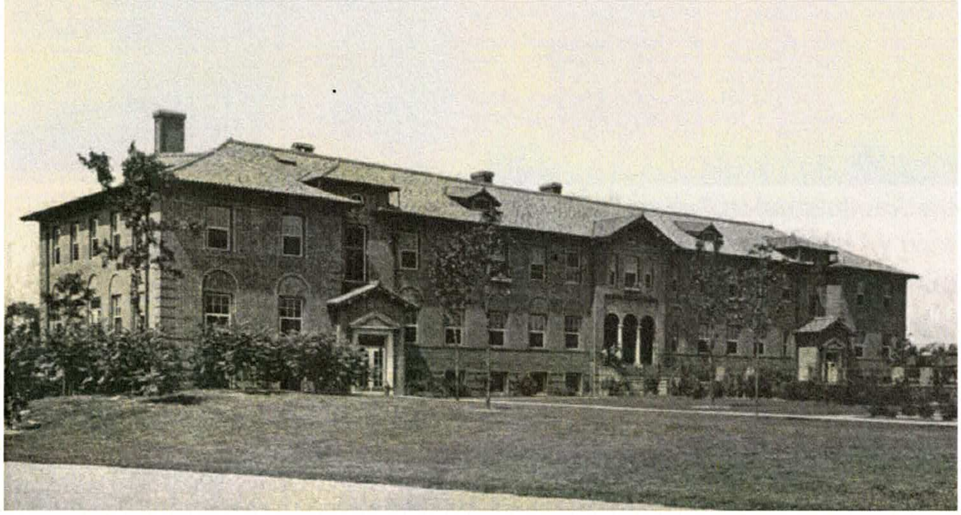
2. Administration Building
Date: 1913–1914
Architects: Otis & Clark

The first large building encountered by a new patient or a visitor was the Administration Building, which is located at the western end of a main line of sanitarium buildings, all of which are connected by a central underground service tunnel. Architects Otis & Clark designed the symmetrical two-story and basement building to house MTS's main offices for doctors and medical staff, examination and treatment rooms, limited accommodations for some staff, and storerooms. Originally, the laboratory and autopsy room were also in this building, located at the northern end of the first floor, but these were removed to the new purpose-built Laboratory Building at the eastern end of the campus in 1919. A large, two-story screened porch was seamlessly added to the northern end of the building sometime during the late 1920s, when the former laboratory spaces were converted to other uses. The screen porch addition was later enclosed with windows, as have many of the original screen porches at MTS.

The Administration Building has an I-shape, which was determined to be ideal for the construction of future additions. Twin wings forming the "I" contribute to the symmetry of the building, which is maintained by the pattern of fenestration, placement of copper-clad dormers and chimneys, and central location of the building's main entrance. The design has elements of the Italian Renaissance Revival style mixed with the Prairie School style, which can be seen in the overall symmetry, limestone details, quoins, extensive use of different brick patterns in the window tympana, arched window frames, and the deep eaves and clay tile of the shallow pitched roof. According to a 1915 construction accounting record, the extant Chicago firm of Wagner Brothers & Company executed the exterior copper work, J. A. Torstenson & Company supplied window glazing; and Tiffany Studios created a bronze tablet.

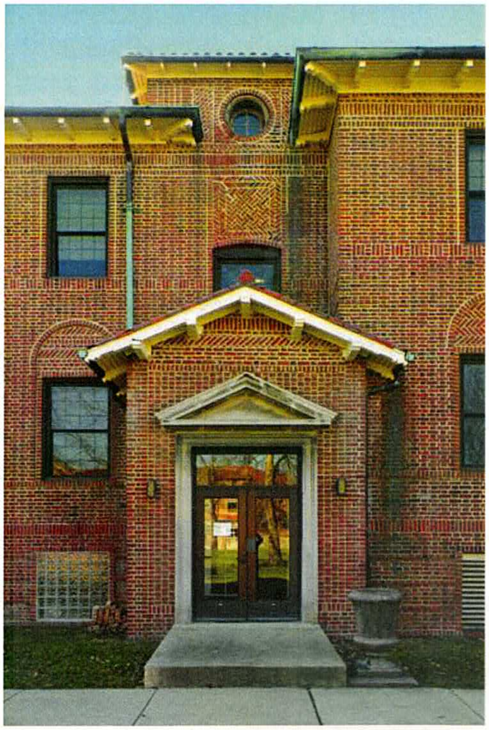
On the west elevation, modern concrete steps lead to the entrance, which is set in a limestone portico featuring full round columns and pilasters with composition capitals that support a pediment; flanking sidelights are protected by decorative wrought iron grilles. A grand entrance loggia was located on the east elevation but is currently obscured by a modern enclosed corridor that leads to the dining hall buildings. On the east elevation, there are twin stair towers at each end of the building. The towers rise slightly above the roofline with a peaked roof and feature an oculus; each stair has an entrance pavilion with a gable roof limestone portico.

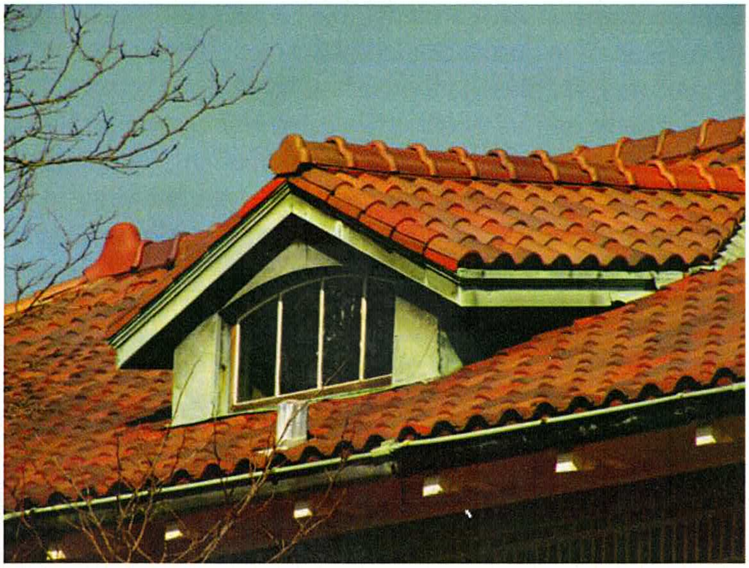
Currently, the Administration Building serves as the main office for North Park Village, which was developed in the late 1970s. Alterations include the enclosure of screened porches on the north addition, and the replacement of windows in addition to the original main entrance doorway, which featured wrought iron grilles to match existing sidelights.



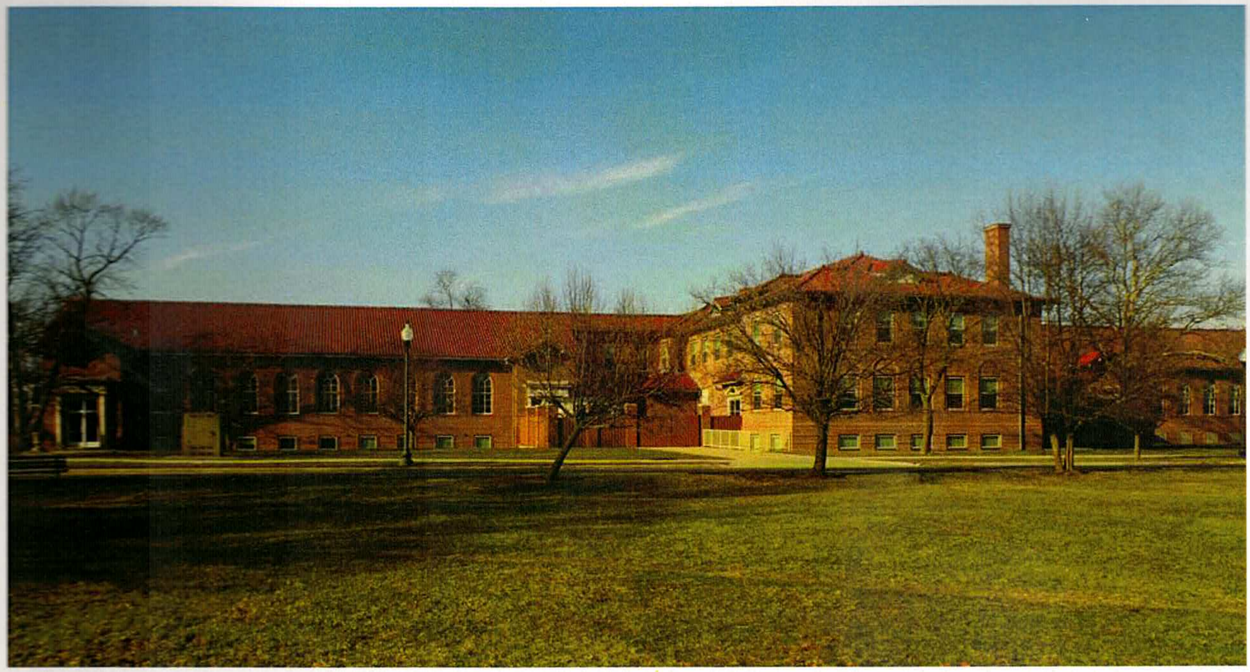
The Administration Building — looking northwest to the east elevation.

The Brickbuilder, October 1915.





***Above*: Detail of the clay tile roof, dormer, and copper cladding. *Left*: Secondary entrance and stair tower on the east elevation. A cast stone urn (1917) is visible beside the doorway.**

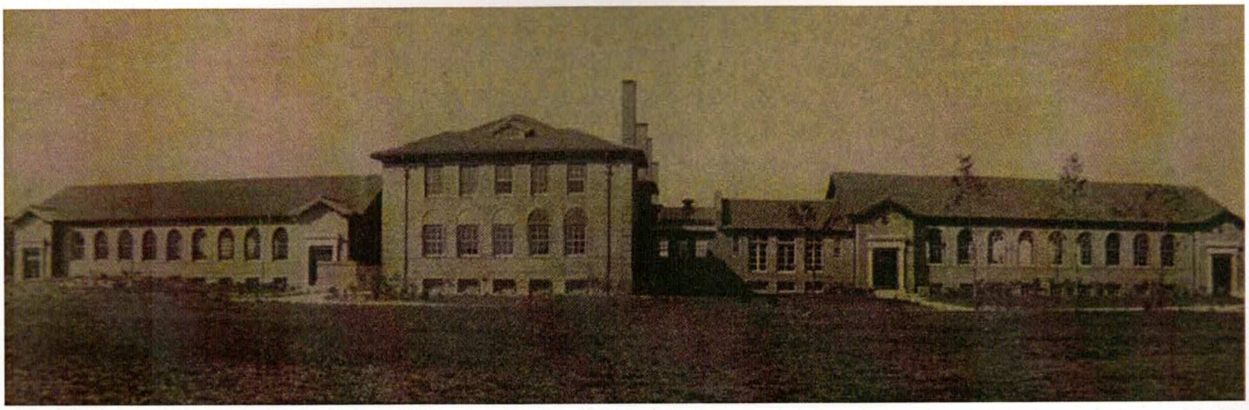


Looking north to the men's dining hall at left and the Service Building at right.

3. Dining Halls and Service Building (Marx Senior Housing)
Date: 1914, 1917, 1920s
Architects: Otis & Clark
Additions: Jarvis Hunt

The two Dining Halls and Service Building are located east of the Administration Building and are arranged in a cross-shaped plan, in which the former women's (east) and men's (west) patient dining halls are connected by enclosed passageways and separated by the I-shaped Service Building. Architects Otis & Clark designed these buildings as part of a series of main sanitarium buildings, which are connected by a central underground service tunnel. The group of buildings cost approximately $207,000 to build in 1914. Architect Jarvis Hunt designed a new physicians' dining room and an extension to the Service Building in 1917. During the late 1920s, a single-story addition with a hipped roof was built off the south elevation of the connecting corridor between the Service Building and the east (women's) dining hall; it later served as a library

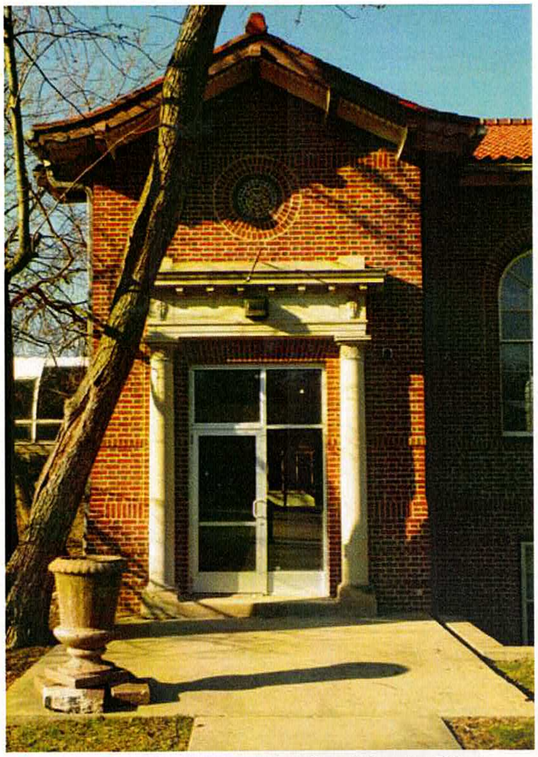
The two-story and basement Service Building is similar in design, detail, and footprint to the Administration Building, but is smaller in area. Well-executed details including brick quoins, various patterned brick tympana, stair towers with peaked roofs and ocular windows, deep overhanging eaves, and a shallow tile clad roof with copper-clad dormers that evoke the Italian Renaissance Revival style of architecture. Inside, the first floor of the Service Building had the main kitchens and bakery, which provided food to the patient dining rooms, nurses' and staff dining rooms in the same building, and patients in the infirmary buildings to the east. Ancillary rooms for food storage, including refrigerators operated by large refrigerant pumps in the Power House, were located in the basement, and the second floor held quarters for employees and housekeepers.



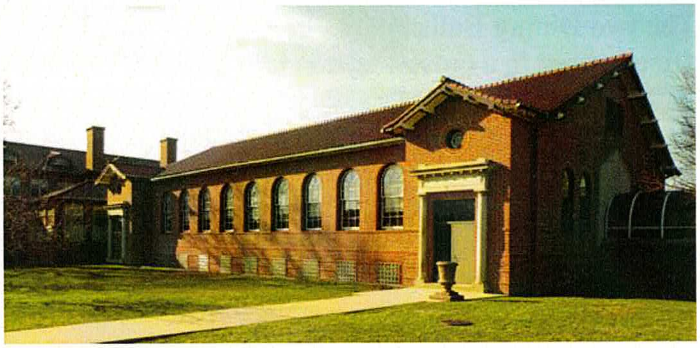
Looking north to the Dining Hall and Service Building. *Dedication Day*, 1915.

Each of the dining halls is a single story with a basement. Both have a rectangular footprint with projecting entrance porticoes at each corner, and a gabled clay tile roof. North and south elevations are lined by tall, arched multi pane windows that allow ample light and ventilation into the dining halls. Although essentially the same, the men's and women's dining halls have slight differences. Both halls feature four limestone entrance porticoes on; one on each corner. Above the porticoes on the women's hall is an oculus window, while above the porticoes on the men's dining hall there are instead detailed round tile panels with different symbols. Artificial stone planters flank most dining hall entrances.

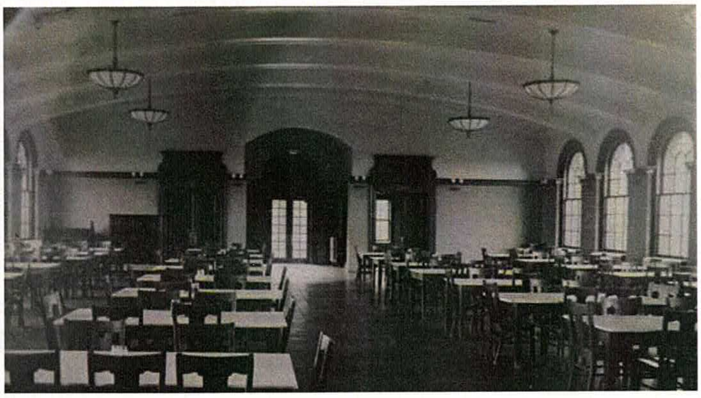
The Service Building and dining halls are especially well-designed and have excellent integrity of overall form, design, and materials. The buildings currently serve as dining halls for North Park Village residents.



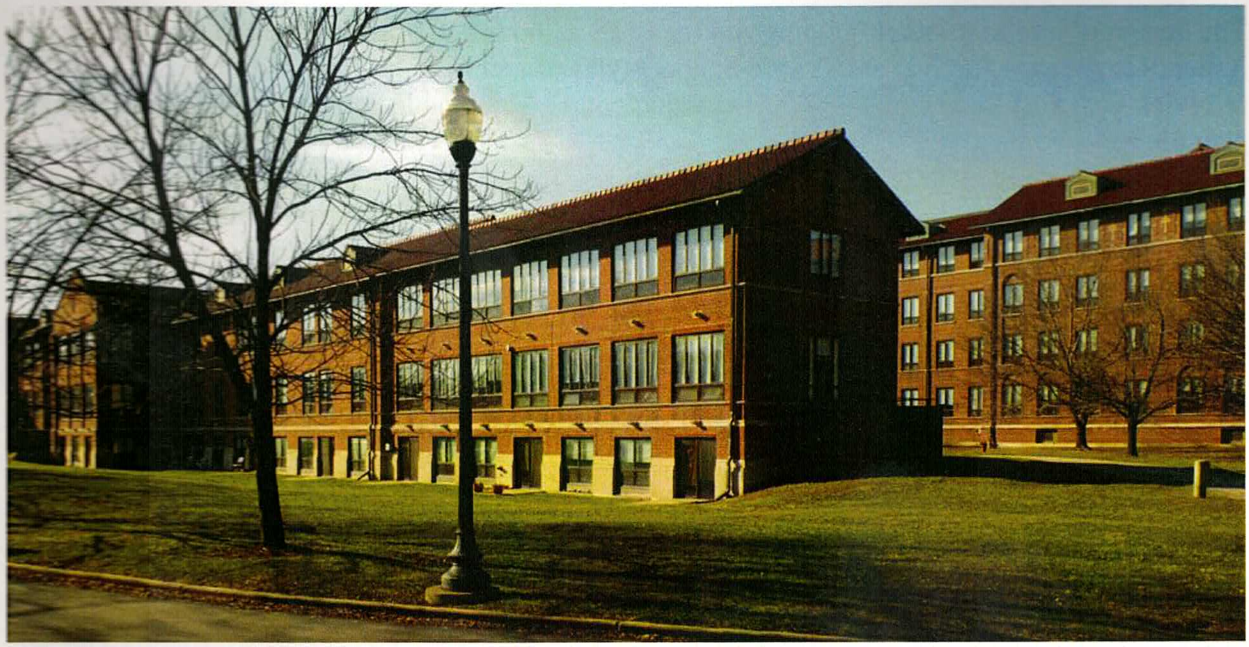
Southwest entrance to the Men's Dining Hall



South elevation of the Women's Dining Hall



Dining Hall interior, 1920s. **Chicago History Museum**



Looking northwest toward the Infirmary Buildings. The open air section of the women's infirmary wing is at center and the infirmary annex is at right.

4. Infirmary Buildings (Senior Housing)
Date: 1913–1914, 1919, 1927, 1939
Architects: Otis & Clark
Additions: Jarvis Hunt, Unknown

The infirmary is an H-shaped group of buildings east of the dining halls and west of the Power House. Architects Otis & Clark designed a central two-story and basement Infirmary Administration Building flanked by twin men's and women's infirmary wings for advanced tuberculosis cases. Construction was begun in 1913, and the completed buildings cost approximately $613,000. Although plans for an addition to this complex were drawn by architect Jarvis Hunt as early as 1916, a three-story $500,000 Infirmary Annex was not built until 1927, with a fourth story added in 1939.

The infirmary was placed far from the wood frame cottages (demolished), dining halls, and the Power House so as to provide a quiet space for recuperation. All necessary provisions, including medical and laboratory facilities, operating rooms, a maternity ward, and dining halls were located within these buildings. Food prepared in the main kitchen was brought to the building through the connecting central underground service tunnel. Because food was an important aspect of the treatment process, each wing also had its own kitchen to provide special meals for certain cases. The patients in the infirmary were primarily those in advanced stages of the disease and limited in mobility. Rooms were organized into singles and doubles, with large open screened porch wards along the southern side and at the eastern ends of each wing. Although most patient rooms were equipped with sash windows that could open to allow for maximum airflow, the screen porches had large openings that were open year round and provided patients with ample fresh air. The porches were enclosed with windows following MTS's closure; rows of limestone scuppers visually indicate the location of these former screen porches.

The design is similar to other buildings on the MTS campus and draw inspiration from the Italian Renaissance Revival and Prairie School styles of architecture. Each building is clad in red brick with limestone water table, sills, string courses, and gable coping. The shallow, hipped clay tile roofs feature deep eaves with scroll-cut rafter tails and exposed gable-end roof beams. Copper, now weathered to a vivid teal green, was used for gutters, downspouts, and as cladding for the many evenly spaced attic dormers. Inside, a bronze tablet dedicating the buildings was executed by Tiffany Studios.

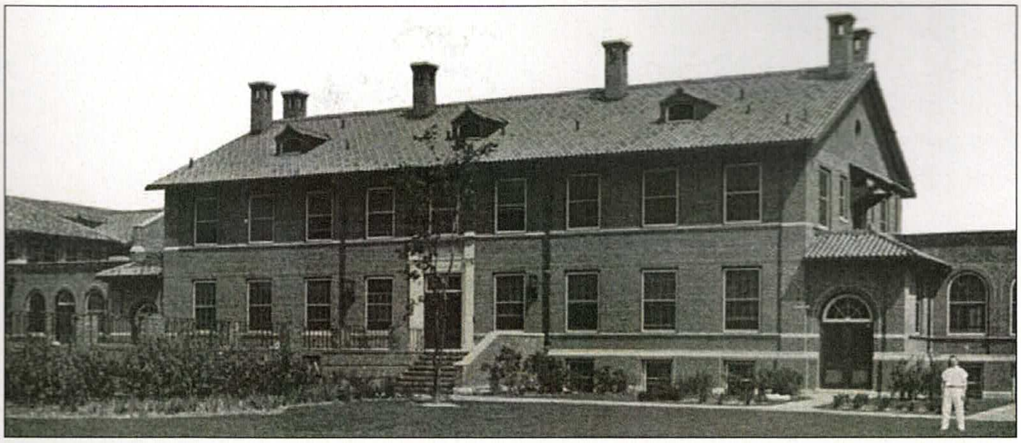
Infirmary Administration Building

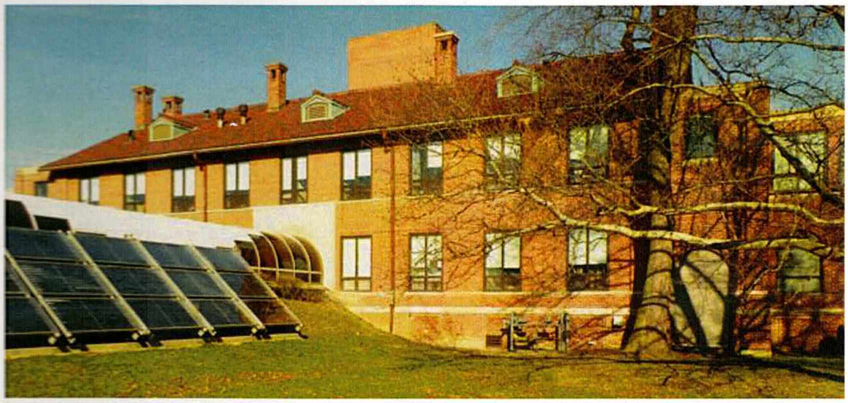
The two-story and basement Infirmary Administration Building is centered between the infirmary wings. It is visually defined by a gabled clay tile roof set with dormers and decorative chimneys. The north and southern ends originally featured single-story pavilions, which connected to passageways with rooftop promenades that lead to the twin infirmary wings. The original first floors of the passageways have large arched windows with decorative brick spandrels set with glazed tile. Glazed tile can also be found set above the windows in round frames of brick. The first floor is topped by limestone bracketed banding, which originally served as the eaves of the passageway roof. According to an entry in a July 1919 issue of *American Contractor*, architect Jarvis Hunt designed the plain brick and limestone second-floor additions to the passageways and pavilions. Originally, the building's main entrance was on the east elevation, which features a central projecting bay and an extant small porch. This entrance opened on to a large central courtyard, where the 1927 annex is now located. A second entrance on the west elevation is covered by a 1970s enclosed passageway that leads to the dining hall complex. Several basement windows have been in-filled with brick, and a glass sunroom was added to the west elevation of the north connecting corridor.

Infirmary Wings

The three-story and basement men's and women's infirmary wings were identically designed. As with other buildings, red brick, clay tile roofs, limestone trim, and scroll-cut rafter tails supporting deep eaves define the infirmary wings. Some sections have attractive projecting bays, pent clay tile roofs, stair towers, cupolas, and occasional glazed tiles set into the masonry. Each wing is divided into five sections: an open screened porch ward, at the eastern end; an L-shaped section with single rooms facing south, a north projecting single-story bay with east-facing rooms, and a central stair tower on the northern side with chamfered corners; an L-shaped section with a gable-end bay and a hipped roof bay along the south elevation (both had open-air porches), and a single-story dining room wing to the north; a section similar to the third, without additional rooms off the north elevation, and a pyramid- roofed cupola with a boarded triptych window facing north; and a rectilinear section with rooms facing both north and south, and a central stair tower on the north elevation. Two-story screened porches designed by Jarvis Hunt were added to the west elevations of each wing in 1917; these have been enclosed with windows. The women's infirmary retains a main entrance on its south elevation between the third and fourth sections, which features a carved limestone surround set with the date of the building's completion: 1913.

The infirmary wings retain excellent integrity and have only a few additions or alterations. These include the in-filling of some doorways and windows, and the addition of elevator towers to the north elevation of the northern end of each wing.

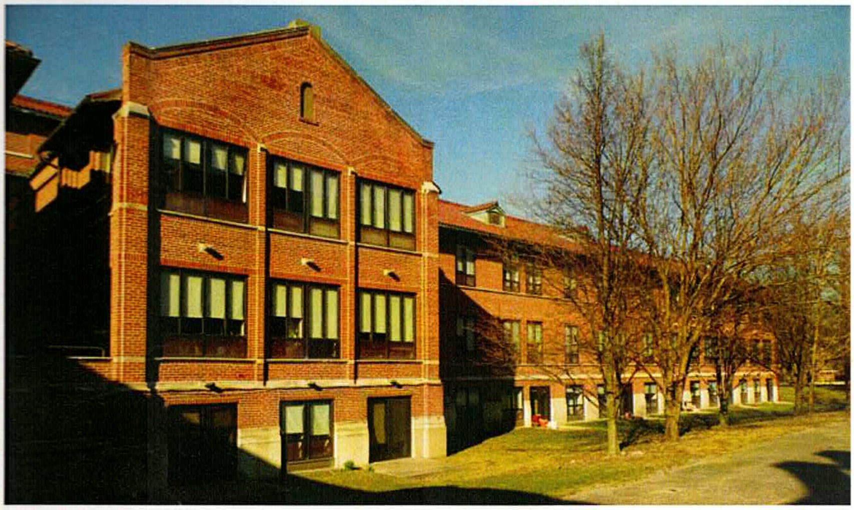




The Infirmary Administration Building connects the men's and women's infirmary wings.

The photograph above was taken shortly after MTS's opening, c. 1915.
The Brickbuilder, October 1915.

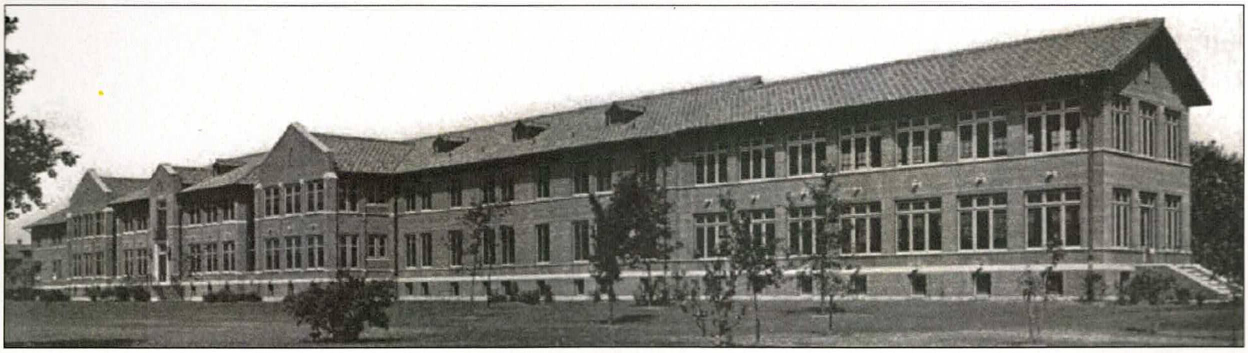
The view at left shows the west elevation with the 1970s covered connecting walkway.



The infirmary wings were divided into women's on the southern side and men's on the northern side.

At left is the south elevation of the men's wing, showing former open-air porches.

The photograph below is of the southern elevation of the women's wing c. 1915.
The Brickbuilder, October 1915.



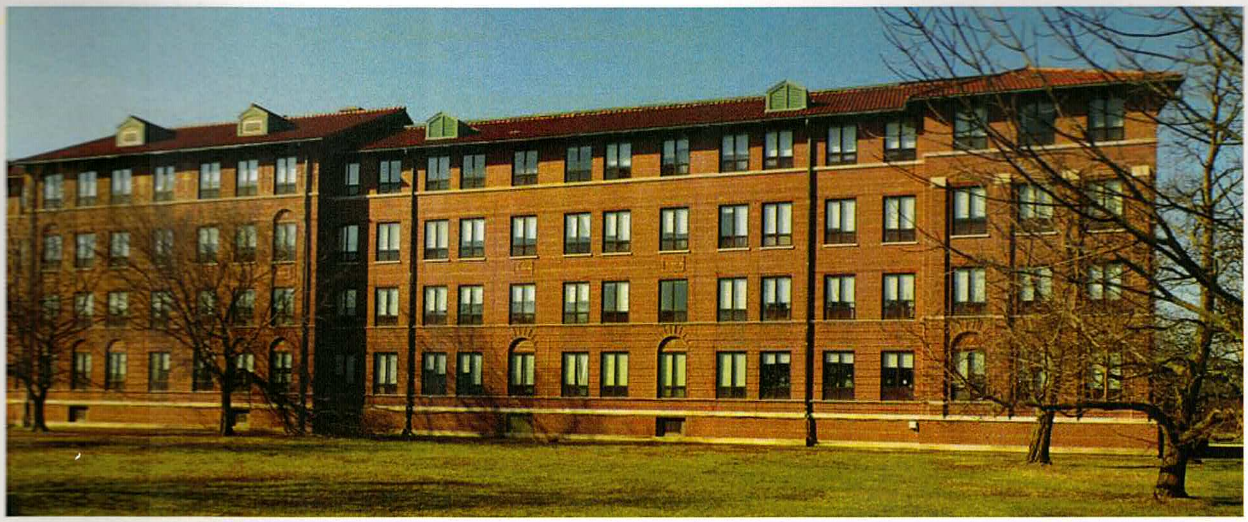
Infirmary Annex

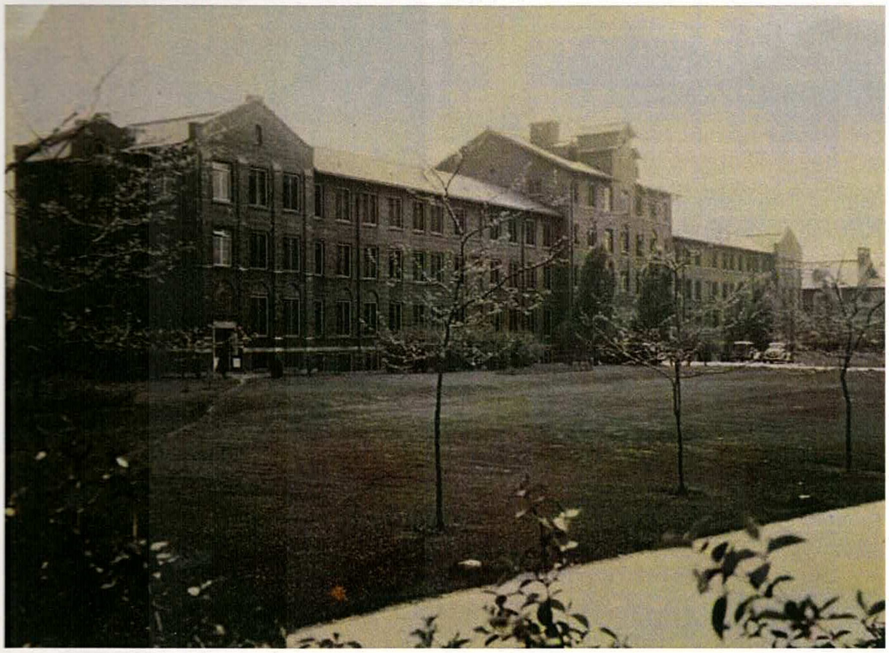
In 1916, Dr. John Dill Robertson was appointed as Commissioner of Health. Following the death of Dr. Sachs, Dr. Robertson immediately made provisions to expand MTS. One of his first projects involved the conversion of the east basement of the men's and women's infirmary wings into children's "sun wards." This resulted into the opening of several new windows at ground level on both wings. Dr. Robertson also hired architect Jarvis Hunt to design a series of additions, including a proposed four-story annex for additional patient and operating rooms. The proposal was published in the *Chicago Tribune* in December 1916 and the *Chicago Medical Recorder* in 1917; however, the project was not begun.

In 1925, MTS board president John J. Collins planned for the Infirmary Annex to be funded through the sale of municipal bonds. Construction started in 1926, and the facility was dedicated in February 1928. No architect for the annex was identified, but the design and details of the building are similar to the other infirmary buildings. As completed, the building was of three stories with a basement and central four-story section. Men were on the first floor, women on the second floor, and the third floor was devoted to children, and it contained its own kitchen, dining room, and play rooms. The annex added over 225 beds to the campus, which increased the infirmary's capacity by 25 percent and significantly reduced wait lists. The roof originally featured an outdoor garden, but in 1939 a full fourth floor was added.

The Infirmary Annex is a long four-story, brick-clad building with regular fenestration and a shallow, hipped, clay tile roof with copper gutters and copper-clad dormers. On the north and south elevations, three bays project from the middle and eastern and western ends. The east and west bays have three large windows per floor, which are divided by brick piers that extend from the limestone water table and extend to the top of the third floor, where they terminate with limestone caps. The middle bay forms a central four-story section, and remains slightly taller than the rest of the annex; the fourth floor has decorative brickwork with repeating, Crosses of Lorraine rendered in contrasting brick large. The narrow east elevation has an in-filled limestone entrance surround centered on the first floor featuring the building's date of construction: 1927. All but two windows on this elevation have been in-filled with matching brick. Four copper downspouts with decorative leader heads decorate the elevation. The Infirmary Annex was connected to the Infirmary Administration Building to the west via a two-story passageway.

The conversion of the infirmary complex into efficiency apartments during the 1980s included the construction of four banks of four-story annex additions along the north elevation and an elevator tower on the west elevation. These additions obscure most of the original north elevation, except for the three original projecting bays. A service entrance and loading dock with a driveway were added to the northeastern corner. Other alterations include the in-filling of some windows and doorways.

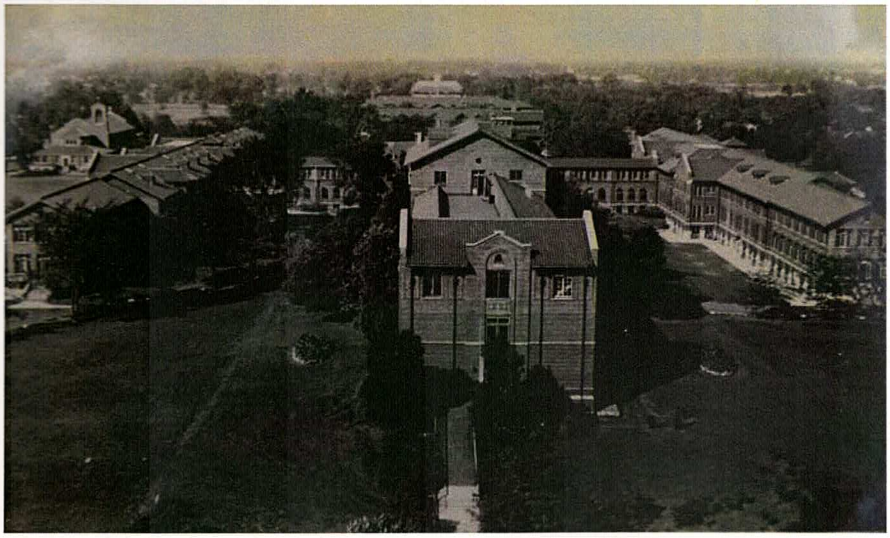




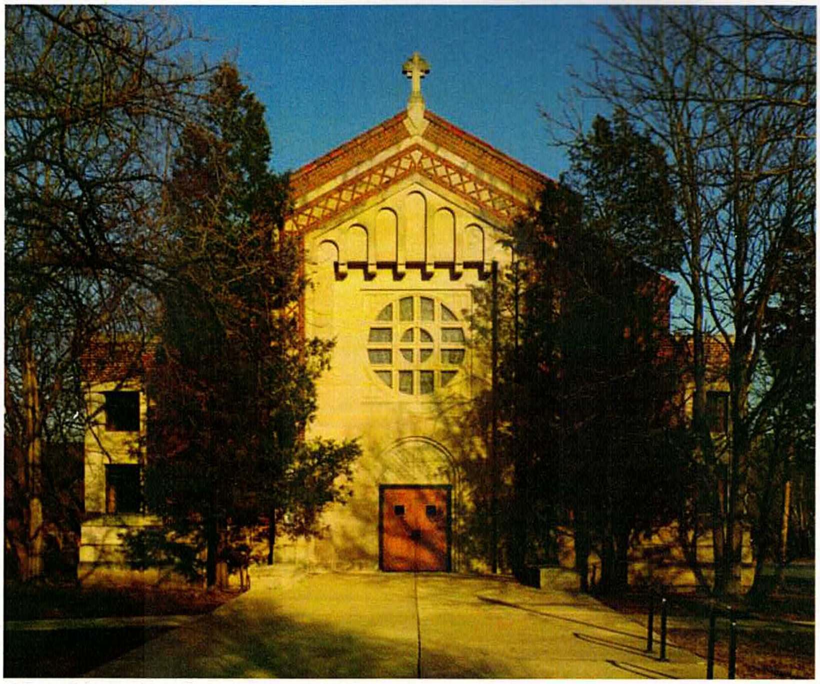
The infirmary annex was completed in 1928 and expanded the hospital with 225 additional beds. It is between and parallel to the twin infirmary wings.

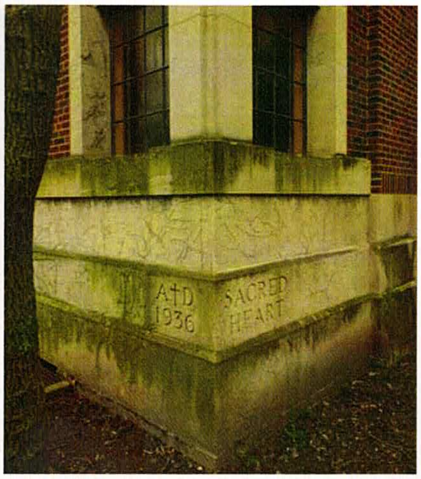
The photograph above shows part of the south elevation. A fourth floor was added in 1939.

At left is a view of the north elevation of the annex in the 1930s.
Chicago History Museum



At left is an aerial view taken from the Power House tower, looking west toward the Infirmary Buildings. The original roof of the annex, prior to the fourth floor addition, can be seen.
ICHi 69945





The Church of the Sacred Heart has a Modern style west elevation. Details include decorative glazed tiles, multi hued brick, and limestone trim. The cornerstone is located at the northwest corner.

5. Church of the Sacred Heart – Lewis Memorial
Date: 1936
Architect: Hans Theodore Liebert

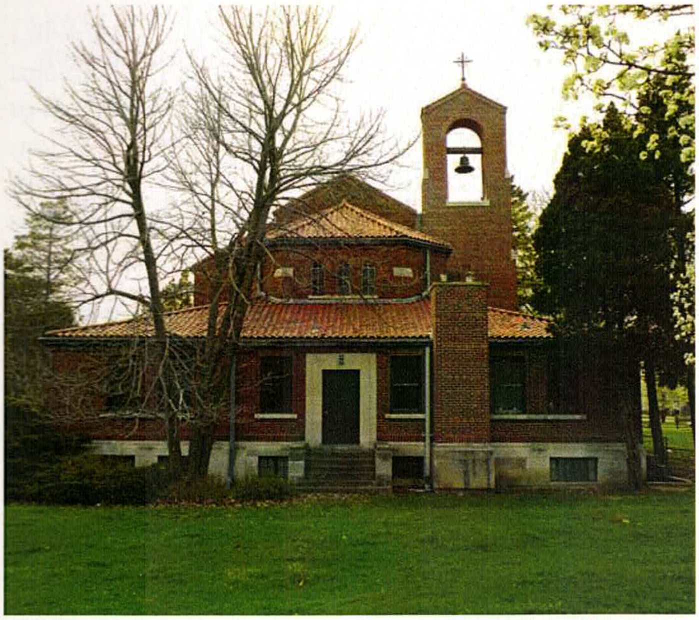
The Church of the Sacred Heart – Lewis Memorial is located south of the dining hall buildings, near where the women's open-air cottages were located. The $100,000 building was designed by architect Hans Liebert in the form of a Romanesque church but with distinctly Prairie School and Modern style details. According to a plaque in the church's lobby and an entry in a 1935 issue of *The Annals of St. Joseph*, Catholic philanthropist Francis J. Lewis donated money toward the construction of a Catholic chapel at MTS. The offer was accepted by the Chicago City Council and the Catholic Bishop of Chicago in memory of George Cardinal Mundelein, who had served as Archbishop of Chicago from 1915, and cardinal from 1924 until his death in 1939. Lewis, for whom the Lewis Memorial Chapel is named, was the owner of the F. J. Lewis Manufacturing Company, a tar products manufacturer, before retiring to pursue philanthropic and charitable causes, primarily for the archdiocese. According to historical permits, construction of the church was begun in April 1936, and the finished church was dedicated on October 25th of that year.

The rectilinear church is clad in multi-hued red brick with limestone trim and has a clay tile roof. Twin projecting bays flank the main west elevation, while a single-story vestry and other rooms wrap around the two-story apse. A tall and narrow bell tower, with a single bell, rises vertically from the northeastern corner and is topped by an ornamental metal cross. Architecturally, the church echoes the Romanesque style in form only, with only general references to the style. The use of plain stone trim, contrasting brick, windows set into corners, and general rectilinear forms have their base in the Modern style of architecture, which was defined by refined geometric forms. The Prairie School style can be seen in the horizontal form and linear emphasis of the north and south elevations and in the use of decorative glazed tiles.

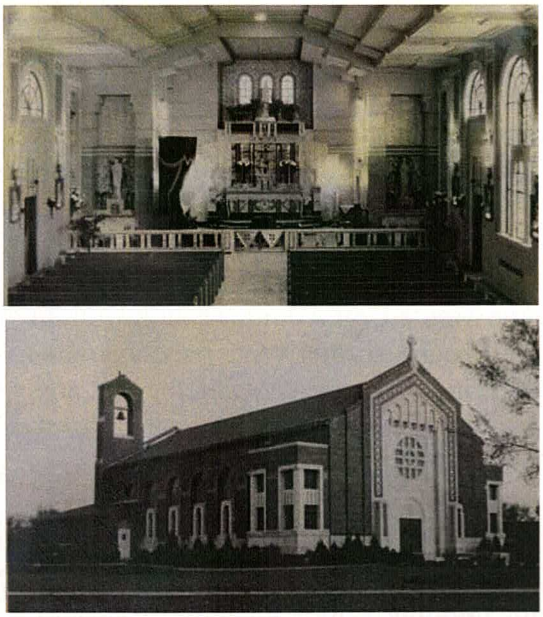
The refined west elevation is clad in limestone and outlined by a cross-hatched border of brick and limestone, with an outer border of brick laid diagonally and a limestone cross at the peak. In contrast, the west elevations of the aisles are clad in red brick. The main double doorway has a tympanum with a lattice relief and raised cross, and is surrounded by radiating voussoirs. The cross matches the stylized design of the cross on the gable peak. Above the entrance is a rose window with three horizontal and three vertical mullions set in a slightly recessed square frame. A blind arcade with plain corbels caps the elevation within the brick border. Flanking the main entrance are tall light standards framed by limestone with opaque glass panels.

On either side of the west elevation are two-story flat-roofed bays with an unusual Modern design. Above the building's limestone water table, the bays are clad in brick and have recessed steel-framed windows with limestone surrounds, which wrap the corners and create the appearance of two-story corner windows. The north and south elevations are clad in brick and punctuated by a row of six evenly spaced arched stained glass windows that illuminate the main sanctuary. Each window has a heavy limestone sill and an inner limestone arch that frames a smaller operable sash within the greater window. Decorative glazed ocher and teal tiles take the place of imposts and form a contrasting band between the windows and around the building.

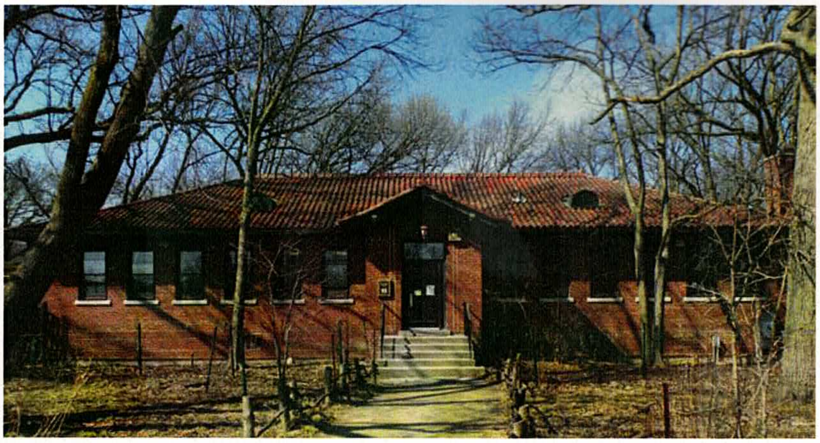
The church retains its overall form and materials and remains in very good condition with a high degree of integrity. Alterations include the boarding of some windows on the east elevation and the construction of a ADA ramp to access the north entrance. The flat main entry doors with single, small glazed openings are original.

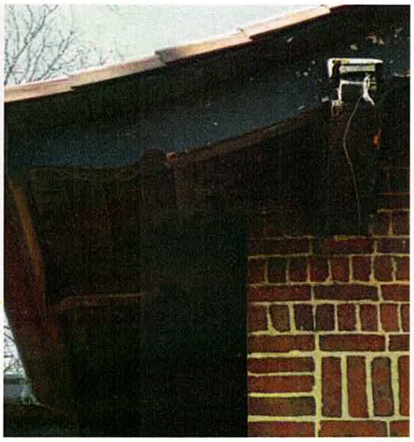


East elevation of the church showing the bell tower.



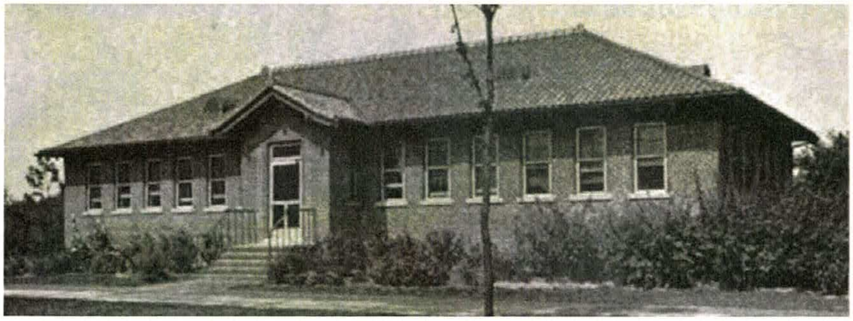
The church and the interior, c. 1940.
ICHi 69955 and ICHi69954





The Men's Unit Administration Building. ***Above:*** **the south elevation; above right: eave detail.**

Right: **Unit Administration Building, 1915.** *Brickbuilder*, 1915.

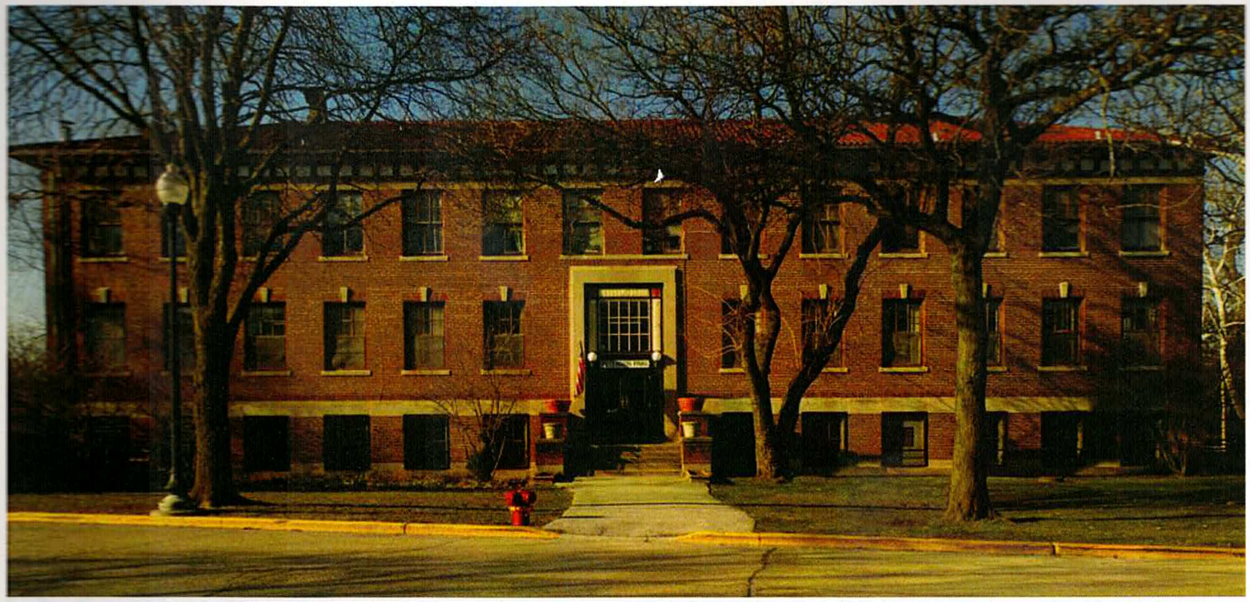


6. Men's Unit Administration Building (North Park Village Nature Center)
Date: 1914
Architect: Otis & Clark

The Men's Unit Administration Building is located several hundred feet north of the Dining Halls and Service Building on what used to be the men's section on MTS's north side. It is the only remaining building on the MTS campus directly related to the patient cottages, wood frame structures which historically surrounded the building in diagonal, southeast-facing rows. A similar building once stood on the south side of the campus and served as the administration building for the women's section (demolished around 1980). The building provided a place within each cottage section for nurses to treat ambulatory patients without having to go to the main buildings. The building held the office of the head nurse for the section, along with a waiting room, examination rooms, a small laboratory, kitchen, and some storage rooms. The Women's Unit Administration Building was demolished around 1980.

The Men's Unit Administration Building is a single-story building with a clay tile hipped roof. Half-round dormer vents punctuate the roof, with two on the north and south sides of the roof, and single dormer vents on the east and west sides. Deep eaves, as found on other MTS buildings, extend beyond the exterior walls and are supported by decorative, scroll-cut rafter tails.

In the 1990s, after the building was repurposed as the welcome center for the North Park Nature Center, a large single-story addition was built using a similar design and matching materials on the building's north elevation.



South elevation of the Laboratory Building , which is located at the western end of the grounds.

7. Laboratory Building (Peterson Park Fieldhouse)
Date: 1919
Architect: Jarvis Hunt
Addition: Paul Gerhardt Jr.

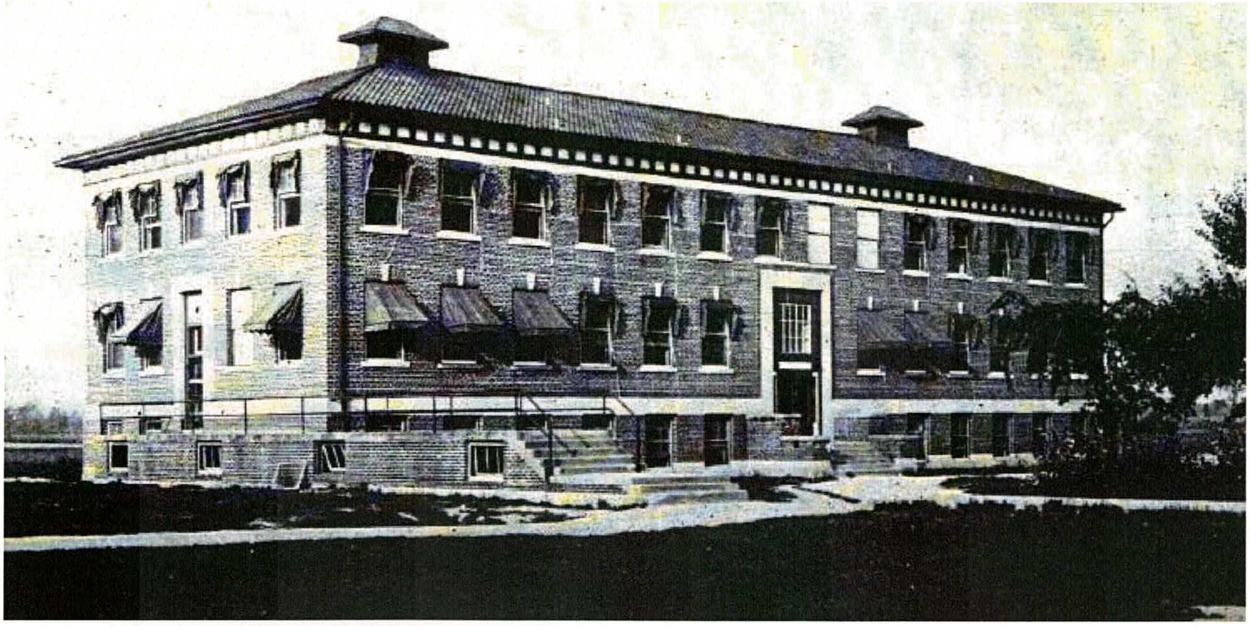
The Laboratory Building is located north of the Power House at the eastern end of the MTS grounds. Built during World War I, the two-story and basement building was designed by architect Jarvis Hunt and completed in 1919 for approximately $64,000. Although the building was completed, its equipment was not purchased and installed until 1922 due to a lack of funding, according medical research director at the time Henry C. Sweany.

Laboratory and clinical research were critical for the study of tuberculosis and refinement of treatments. Research conducted at MTS was published nationally and contributed significantly to the advancement of treatments for the disease. A main two-room laboratory was originally included in the centralized Administration Building, but its size and proximity to offices proved inefficient and potentially hazardous to spreading the disease. By 1916, the laboratory was consolidated in the groundskeeper's five-room house, which stood at the far eastern end of the grounds near the garage, but this also was too small. Plans for a new dedicated Laboratory Building were drawn by architect Jarvis Hunt and promoted by Commissioner of Health Dr. Robertson.

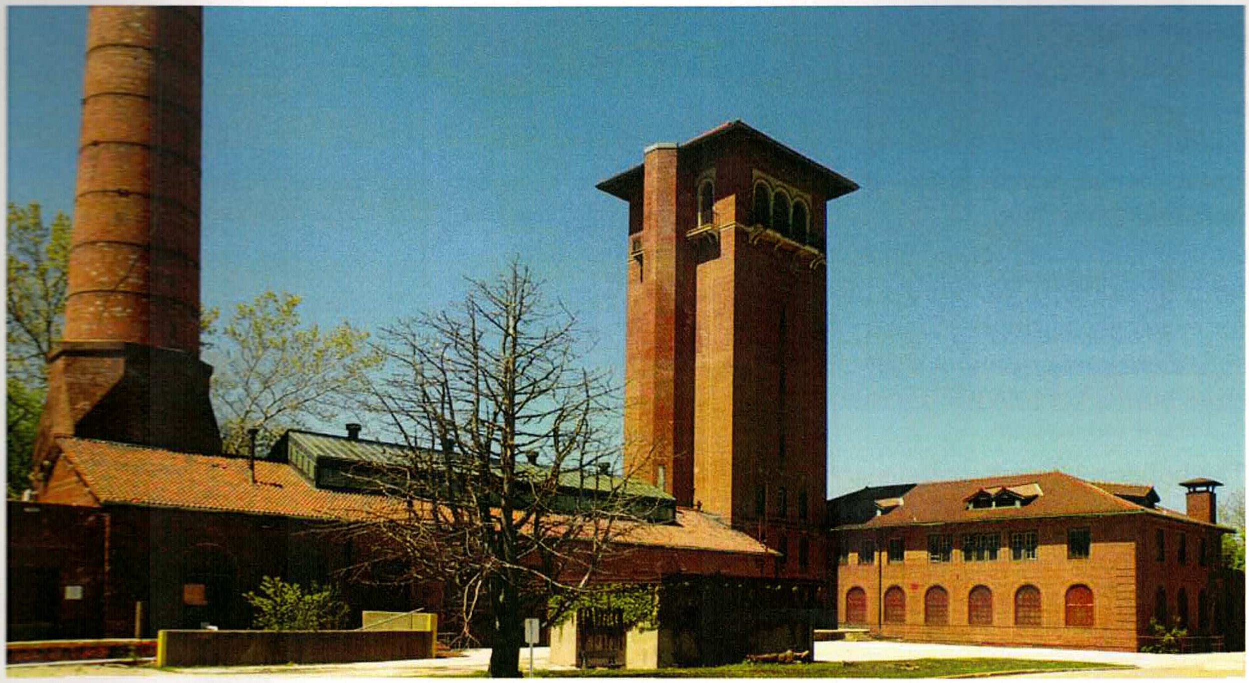
The research facility was organized across two floors and a basement. Chemical storage rooms, a photography studio, room for housing lab animals for testing, operating room for large animals, a morgue and autopsy room were located in the basement. The first floor held primarily technician offices, a library and medical records room, a laboratory for the study of bacteria, and a museum. The second floor consisted of chemical laboratories, an animal hospital, and operating rooms. The Laboratory Building also included rooms for testing samples taken from patients and specialized disinfection equipment. As advancements were made, the interior layout and types of laboratories were continually updated. Building blueprints from 1951 indicate that city architect Paul Gerhardt Jr. designed substantial renovations for all floors and created new chemical and histopathology laboratories, library space, offices, and consultation rooms. Gerhardt also designed new basement-level autopsy and storage room additions on the building's north side, which resulted in the expansion of an existing patio and the construction of a delivery dock.

The Laboratory Building is a symmetrical structure with a C-shaped footprint and shallow pitched roof with clay tiles and plain eaves. Its design incorporates elements of the Classical Revival and Prairie School styles of architecture. Centered on the south elevation is the building's grand double-height main entrance, which is reached by a short flight of concrete steps with stepped brick sidewalls. Plain limestone frames the entryway, which features a double doorway with sidelights. The doorway is topped by a large multi pane transom, which is set in a border composed of fasces (a Classical motif consisting of bundled sticks) with corner rosettes. The building is regularly fenestrated with sets of six evenly-spaced windows flanking either side of the main entrance. Basement windows are capped by a running limestone band that encircles the building, and first floor windows have plain limestone sills and flat arches with limestone keys. The second-floor windows also have limestone sills and are capped by another band of limestone, which runs just below the cornice. White squares of stucco, outlined in brick, form a repeating cornice pattern below the beadboard soffit of the projecting eaves. The east and west elevations are also symmetrical and have smaller secondary doorways. The north elevation has a large raised patio over what was a basement autopsy room.

Today, the Chicago Park District occupies the building and programs it with community activities. The exterior has excellent integrity of its overall form, design, and materials. Minor alterations include the in-filling of some windows, replacement of exterior doors, and replacement of a metal stairway on the east elevation. Most windows are original.



View of the Laboratory Building — looking northeast, c. 1923
Monthly Bulletin of the City of Chicago Municipal Tuberculosis Sanitarium, August 1923.



The Power House is comprised of a boiler wing (left), a tower (center), and a laundry section (right).

8. Power House
Date: 1912, 1917
Architects: Otis & Clark
Additions: Jarvis Hunt

The Power House is the tallest and most recognizable building on the MTS site and can be seen at a considerable distance. Located on the far eastern end of the site, the Power House served a central role in the function of MTS by supplying several important services. Architects Otis & Clark issued the first construction contracts to J. C. Robinson & Son for the Power House's construction in late 1911. Ground was broken in December, and the fireproof building was completed the following summer for a total of $164,000 (1915 dollars). The L-shaped building is divided by a water tower into two main sections: a boiler room on the south end and laundry on the north. In the winter of 1916, architect Jarvis Hunt designed single-story additions for both the north side of the laundry and the south end of the boiler room; both were completed by 1917.

The overall style of the building reflects the Italian Renaissance Revival with its tall water tower disguised to look like a bell tower or campanile in the Italian countryside. Deep eaves and shallow rooflines, along with arched windows, quoins, and clay tile roofs, are especially notable elements of the style. At the same time, influences of the then-growing Prairie School style can be seen in overall horizontality emphasized by the low roofs, decorative tiles, brickwork patterns, and copper-clad eaves.

The Power House has two chimneys: one is engaged with the south wall of the Water Tower, a second is free standing and was added later.

Boiler Wing

The boiler section was critical for the initial construction of the MTS campus because it supplied heat to workers during winter months. In addition to providing steam heat to all buildings, the boiler house also had an incinerator for infectious waste and locker rooms for employees. A central tunnel connecting all buildings from the Administration Building on the west end to the Power House on the east enters the Power House through its southwestern corner. The tunnel served both as a conduit for pipes supplying hot water, steam, brine (coolant for refrigeration), electricity, phone lines, and other utilities and as a main connecting corridor for employees bringing laundry to the laundry section of the building. On the building's south end, there was originally a separate entrance to the building's incinerator, which consisted of a large burner set into the building's basement floor.

The boiler section is a single story with copper eaves, clay tile roof, and a copper-flashed roof monitor and skylight that runs the length of the roof crest. East and west elevations feature nine eight-over-eight, divided-light, double-hung, wood sash windows with arched transoms. The southern gable extends past the base of the chimney and has decorative exposed wood roof beam tails.

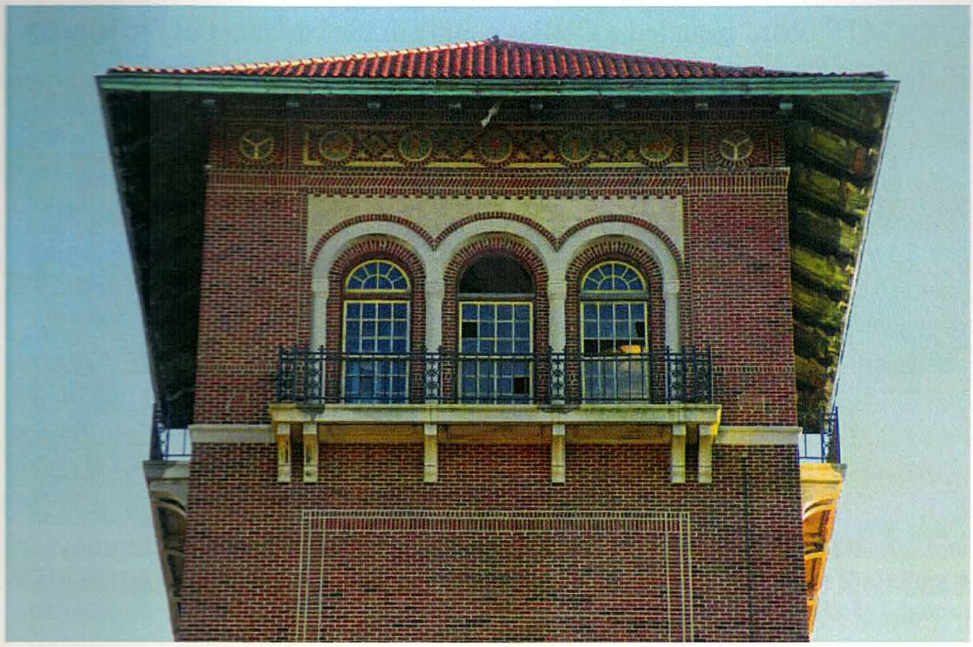
Water Tower

On the northern side of the boiler room is the 120-foot-tall water tower, which concealed both living quarters for laundry employees and, at the top, a 60,000-gallon water tank for fire sprinklers. Its design is divided into a base, shaft, and capital. The base has rusticated brickwork and arched double-hung windows; the tower's main entrance is on the east elevation. The base is visually separated from the shaft of the tower by a double soldier course of brick, which is set with decorative tile panels depicting various medical symbols. The tower's shaft, hiding the water tank, is primarily brick with only a few narrow windows. The top of the tower has a red clay tile roof bordered by copper eaves with decorative copper-clad rafter tails. Below the eaves is a brick frieze set with tile panels depicting various symbols, including the municipal "Y" and the red doubled-barred Cross of Lorraine. Each face of the tower has a triple set of tall, arched, divided-light, wood sash windows, which are framed by brick and set between engaged limestone columns with stucco spandrels. Projecting below each set of windows is a shallow limestone balcony with a decorative wrought iron railing.

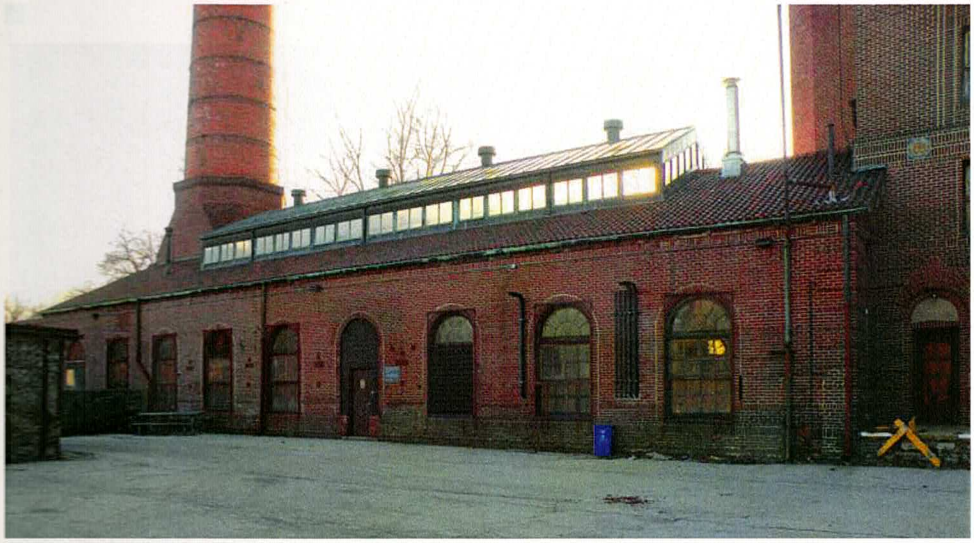
Laundry Section

North of the tower is the two-story laundry building, which primarily held facilities for sterilizing, washing, drying, and ironing linens. The second floor had bedrooms for laundry employees, while the basement contained several important services for the campus, including pumps, water heaters, a refrigeration plant and ice machine, motors for machinery in the building, and a central air pump that supplied pressure for a campus-wide central vacuuming system. A single-story addition was built onto the north elevation in 1917 to accommodate extra laundry equipment.

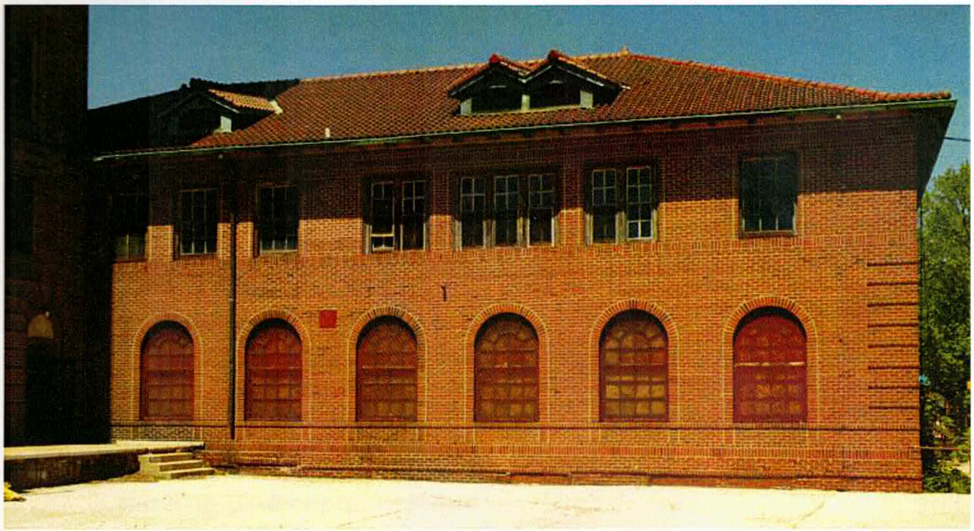
Although the whole building was referred to historically as the "power house," the Sanitary District of Chicago (now the Metropolitan Water Reclamation District of Greater Chicago) originally supplied electricity for MTS; the adjacent transformer house was connected to this system. However, by 1925 the Sanitary District's power supply proved too expensive at $3,000



The Power House tower conceals a water tank and is decorated with copper eaves, clay tile roof, and mosaic tile frieze.



The boiler section of the Power House was extended in 1917 to accommodate larger boilers to provide heat to MTS.

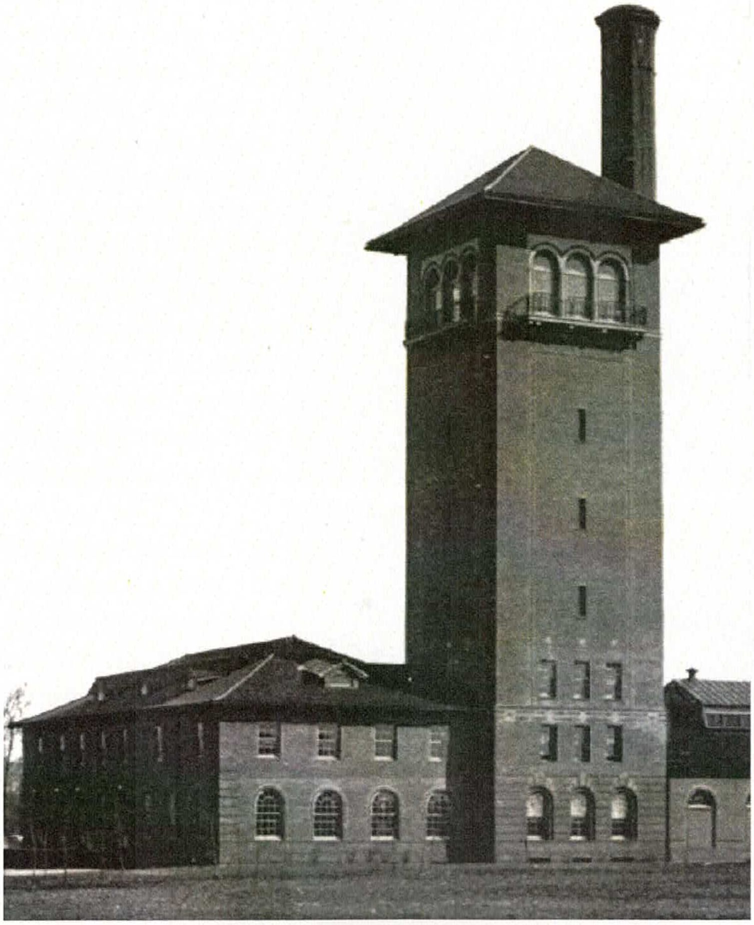


The laundry section had laundry facilities, housing for laundry workers, and, later, electrical generators in the basement.

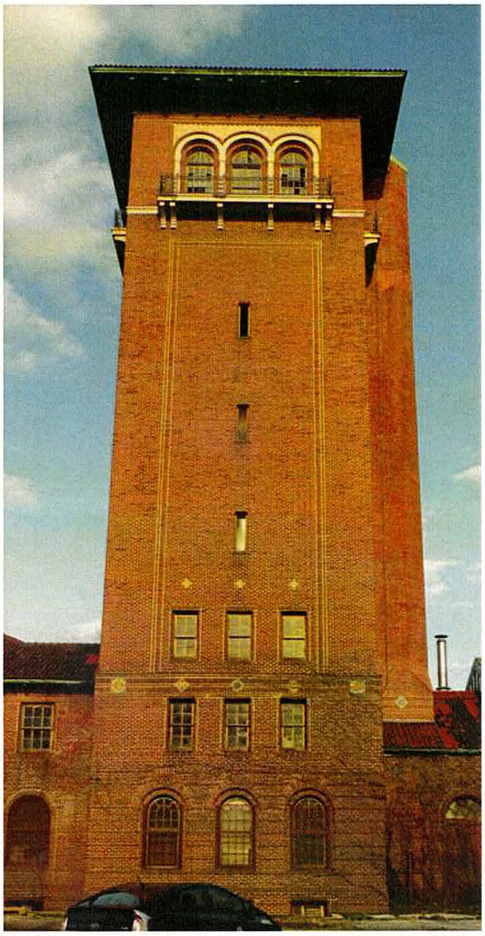
annually; consequently, the MTS board installed a Corliss engine in the basement of the laundry wing, which used steam to generate electricity. This remained in use until later in the 20th century when MTS was connected to Chicago's power grid.

The laundry section of the Power House is one and two stories tall. The initial two-story portion has a hipped clay-tile roof with copper-clad dormers on all sides, as well as painted wood eaves. Along the north elevation is a single-story addition from 1917, which is T-shaped with loading bays cut into the northeastern and northwestern corners. The laundry section is regularly fenestrated with arched divided-light sash windows on the first floor and six-over-six double-hung wood windows on the second floor.

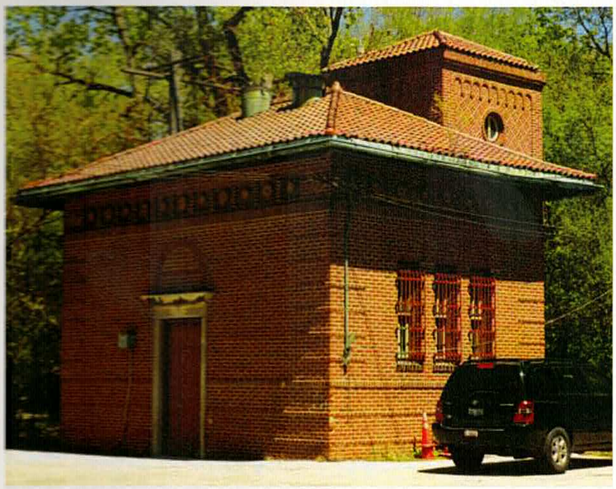
The Power House retains excellent integrity of design, layout, form, and materials, with only minor alterations and additions. Nearly all fenestration features original wood doors or double-hung windows. One addition is a small single-story loading bay built on the west elevation of the boiler section. Alterations include the removal of part of the upper portion of the chimney stack beside the tower, and both the replacement of an arched window with an overhead door and the construction of a wood loading deck on the west elevation of the laundry.



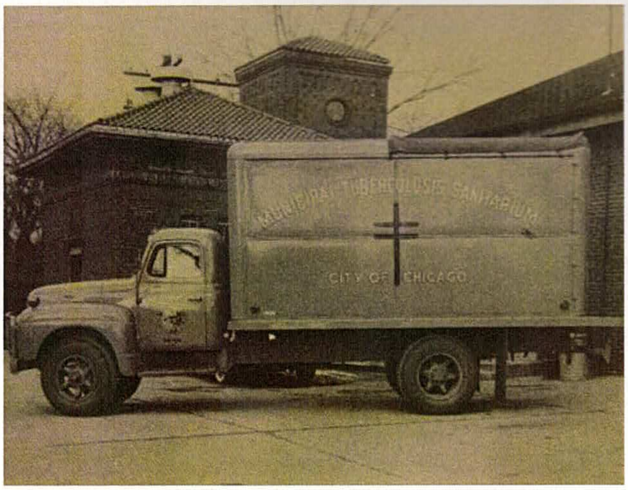
View of the Power House shortly after the opening of MTS — looking southeast.
The Brickbuilder, October 1915.



The Power House tower stands 120-feet-tall and is the most prominent building on the MTS grounds.



View of the Transformer Building — looking northeast.



The Transformer Building and an MTS truck, c.1959. Chicago Public Library, Municipal Reference.

9. Transformer Building

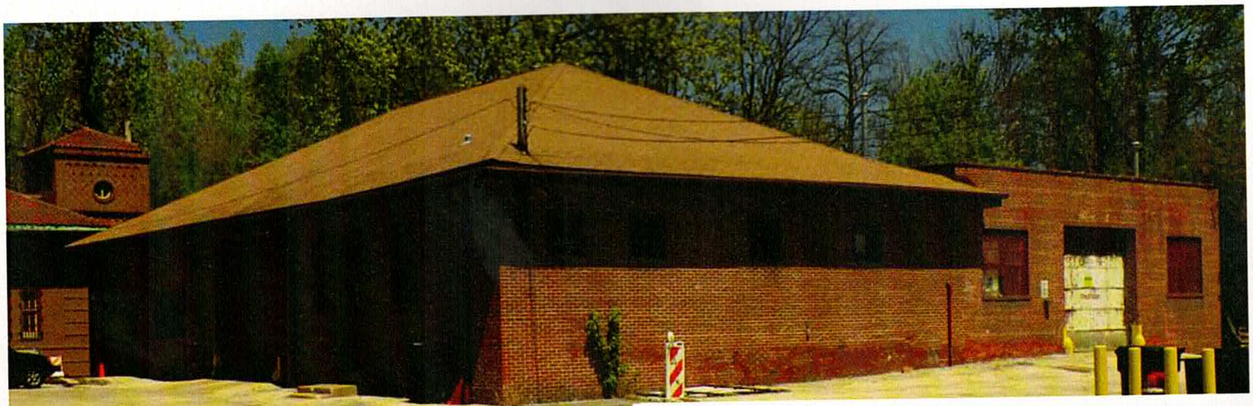
Date: 1912

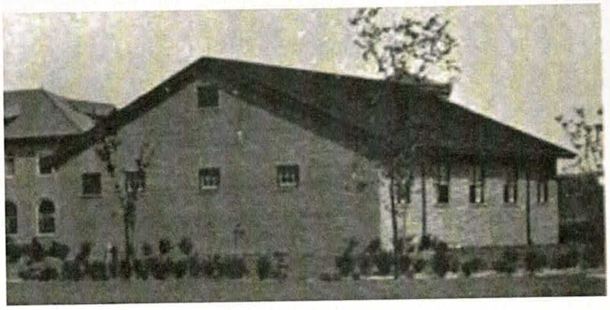
Architects: Otis & Clark

East of the Power House is the fireproof single-story transformer building. The building held nine transformers, which reduced 12,000-volt current supplied by the Sanitary District to a usable voltage for the institution.

The building is a fine small example of the style of buildings designed by Otis & Clark for MTS. It was completed in 1913 for a cost of around $20,000. Influences of the Italian Renaissance Revival style can be seen in the building's form, with its tower, deep eaves, and low pitched roof. The tower, with its decorative brickwork panels, set in a basket weave pattern and its oculus windows suggest influences of the Prairie School style. This style can also be seen in the building's copper-clad eaves, quoins, and decorative frieze comprised of small glazed tiles centered in alternating round and square brick plaques, which are set in stucco fields.

The building is rectangular in plan with a main doorway frame in limestone on the west elevation and a tower on the eastern side. The tower is slightly taller than the main building, and its top is decorated with panels of brick set in a basket weave pattern, which are punctuated by single round windows. The building is in excellent condition and retains its original fenestration and clay tile roof; only the main door has been replaced.



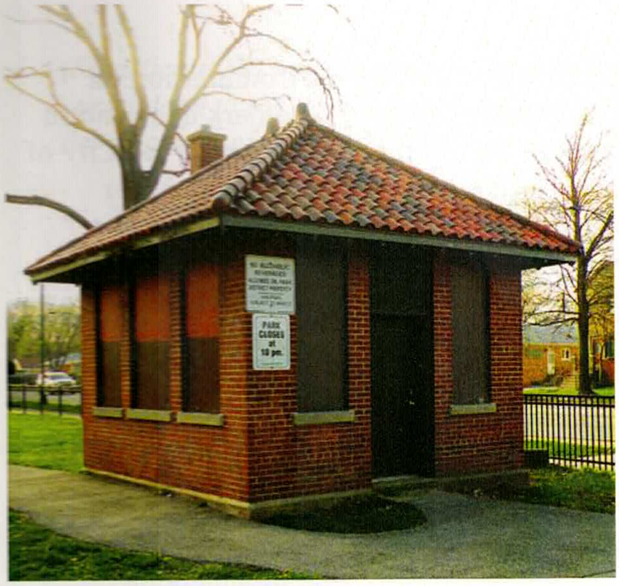


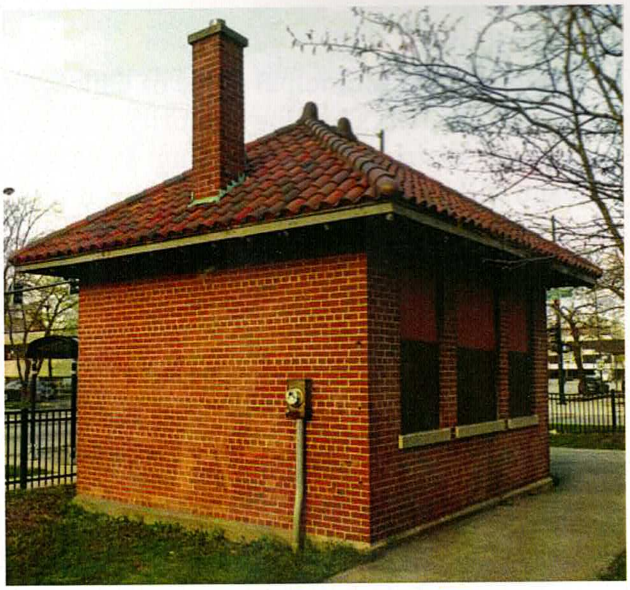
View of the garage, c. 1915.
The Brickbuilder October 1915.

10. Garage
Date: 1913–1914
Architects: Otis & Clark
Addition: Paul Gerhardt Jr.

The garage stands immediately south of the transformer building and east of the Power House. It is a single story brick building with a hipped roof (originally a gable end roof) completed around 1913 and designed by architects Otis & Clark. Originally it was part of the functional eastern end of the sanitarium where many of the services and maintenance offices and farm buildings were located. The garage was built to store a fleet of six to eight cars and trucks, and it held a management office, storage room, work room, and restroom. A large single-story, flat-roofed addition on the eastern side of the building was completed during the late 1940s and nearly doubled the garage's capacity. The addition was likely designed by then city architect Paul Gerhardt Jr., who designed a similarly spare addition to the MTS Laboratory Building in 1951. The original 1913 portion has the deep overhanging eaves that recall the Italian Renaissance Revival style, but the building's overall low form is primarily Prairie School in style. The 1940s addition is simply utilitarian.

The west elevation of the original 1913 structure features a central large vehicular entrance with a modern overhead door. To the right is the entrance doorway to main office, which is flanked by two original windows. The left side of the central garage door had a matching doorway and window set, but these are altered. The south elevation shows a clear contrast between the original 1913 building and a later addition. Whereas the elevation of the original building is dotted by a series of four clerestory windows, the addition features a second vehicular entrance. The addition also stands out because of its plain flat roof and parapet wall, as well as its brickwork, which unlike the original portion of the garage has stretcher courses showing the ends of bricks.

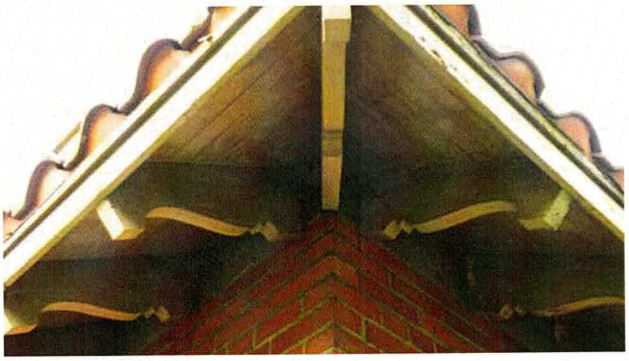




Above: **South and east elevations**

Above right: **West and south elevations**

Right: **Detail of scroll cut rafter tails**



11. Peterson Avenue Gate House

Date: 1913–1914

Architects: Otis & Clark

The Peterson Avenue Gate House is located at the far northeastern corner of the grounds and provided a secondary vehicular entrance for guests. It was necessary to have a northeast entrance and gate house because Central Park Avenue, which currently forms the sanitarium's eastern border, did not open until 1919. A road from the power house and other functional buildings led to this entrance.

The small brick structure has a square footprint and a hipped roof clad in clay tiles with deep overhanging eaves decorated with scroll-cut rafter tails. The east elevation features a central door flanked by two windows; the north and south elevations each have three, even-spaced window openings with limestone sills.

The well-designed building exudes the warmth and retains the scale of the main MTS buildings, but on a smaller scale. Although its windows are boarded, the building has excellent integrity of design and materials.

CRITERIA

According to the Municipal Code of Chicago (Section 2-120-690), the Commission on Chicago Landmarks has the authority to make a recommendation of landmark designation for an area, district, place, building, structure, work of art or other object within the City of Chicago if the Commission determines it meets two or more of the stated "criteria for designation," as well as possess sufficient historic design integrity to convey its significance. The following should be considered by the Commission on Chicago Landmarks in determining whether to recommend that the Municipal Tuberculosis Sanitarium Complex be designated as a Chicago Landmark.

1. ***(Critical Part of City's Heritage)*** *Its value as an example of the architectural, cultural, economic, historic, social, or other aspect of the heritage of the City of Chicago, State of Illinois, or the United States.*

- The Municipal Tuberculosis Sanitarium was a significant municipal institution in the Chicago's history that provided medical assistance and treatment for tuberculosis to generations of Chicagoans. Begun in 1911 and completed in 1915, when tuberculosis was the third-deadliest disease in the city and country, the sanitarium occupied its vast and verdant campus from 1915 until it closed in 1974.

- The sanitarium complex was Chicago's first and only facility designed exclusively to treat tuberculosis. It served all Chicagoans, regardless of race or class.

- The sanitarium complex was built as one of the only tuberculosis sanitariums in the United States to develop both spaces and treatments specifically for children.

- The sanitarium complex was the largest single piece of civic infrastructure devoted to treating the city's population so as to rid the city of the dreaded infectious disease of tuberculosis.

- Hundreds of thousands of Chicagoans called sanitarium home over the course of its history; the institution was designed to offer everything necessary for the care and treatment of tuberculosis patients. Although isolated, a strong community of patients called the District home.

- The Municipal Tuberculosis Sanitarium is a rare example of a municipal hospital and grounds built following a single design aesthetic or theme and constructed explicitly for a single cause — in this case for the control and treatment of tuberculosis, one of the deadliest diseases in Chicago's history.

- The sanitarium complex represents the importance of the diseases' effect on the health and well-being of Chicago's citizens during the 19th and early 20th centuries, and it is an example of an organized municipal and progressive campaign to improve the health of those living in the city.

3. ***(Significant Person)** Its identification with a person or persons who significantly contributed to the architectural, cultural, economic, historic, social, or other aspect of the development of the City of Chicago, State of Illinois, or the United States.*

   - The Municipal Tuberculosis Sanitarium is significant for its association with Dr. Theodore B. Sachs, the lead advocate, co-designer, and director of the institution. Sachs was a significant Russian immigrant, physician and civic activist whose career was important to Chicago's public health. Sachs fought for the creation of Chicago's first and only public facility for the treatment of tuberculosis. His efforts in treating the poor and people of all classes, nationalities, and races were significant at a time when public support for the city's neediest were limited.

   - Sachs led studies of the city's neighborhoods showing the significance of tuberculosis and its effect on the city, and proved that public support for control of the disease was paramount for the city's overall health.

   - Sachs' research regarding the spread and true prevalence of tuberculosis cases in Chicago's poor neighborhoods raised awareness of the disease as a public health issue and its effect on the city. This work helped initiate Chicago's greater campaign to control the disease.

   - The Municipal Tuberculosis Sanitarium was Sachs' greatest physical contribution to the health of Chicago. The institution was developed, designed, and held in his charge as part of his greater goal to benefit and improve the lives of all Chicagoans but especially those who could not afford care.

4. ***(Important Architecture)** Its exemplification of an architectural type or style distinguished by innovation, rarity, uniqueness, or overall quality of design, detail, materials, or craftsmanship.*

   - The Municipal Tuberculosis Sanitarium's surviving historic buildings feature excellent examples of Italian Renaissance Revival and Prairie style institutional buildings, a combination of styles of importance in the history of Chicago architecture.

   - The sanitarium complex possesses fine brick and tile detailing and excellent craftsmanship in a variety of historic building materials, including red brick for main walls, copper eaves and gutters, clay tiles roofs, limestone trim, and decorative glazed tiles.

5. ***(Important Architect)** Its identification as the work of an architect, designer, engineer, or builder whose individual work is significant in the history or development of the City of Chicago, State of Illinois, or the United States.*

- The historic buildings and grounds associated with the Municipal Tuberculosis Sanitarium were designed and improved between 1911 and 1939 by nationally-significant architects and landscape architects.

- The original design of the Municipal Tuberculosis Sanitarium's historic buildings and campus plans was prepared by the architectural firm of Otis & Clark, which was significant for its early involvement in the growing Prairie School movement, Architect William A. Otis was especially involved in the early group of young architects credited with promoting and expanding the movement during the late 1890s and early 1900s.

- William A. Otis and Edwin H. Clark were frequently commissioned by affluent Chicagoans and designed many fine residences on the North Shore and in Chicago. These works are notable for their overt Prairie style references mixed with other styles.

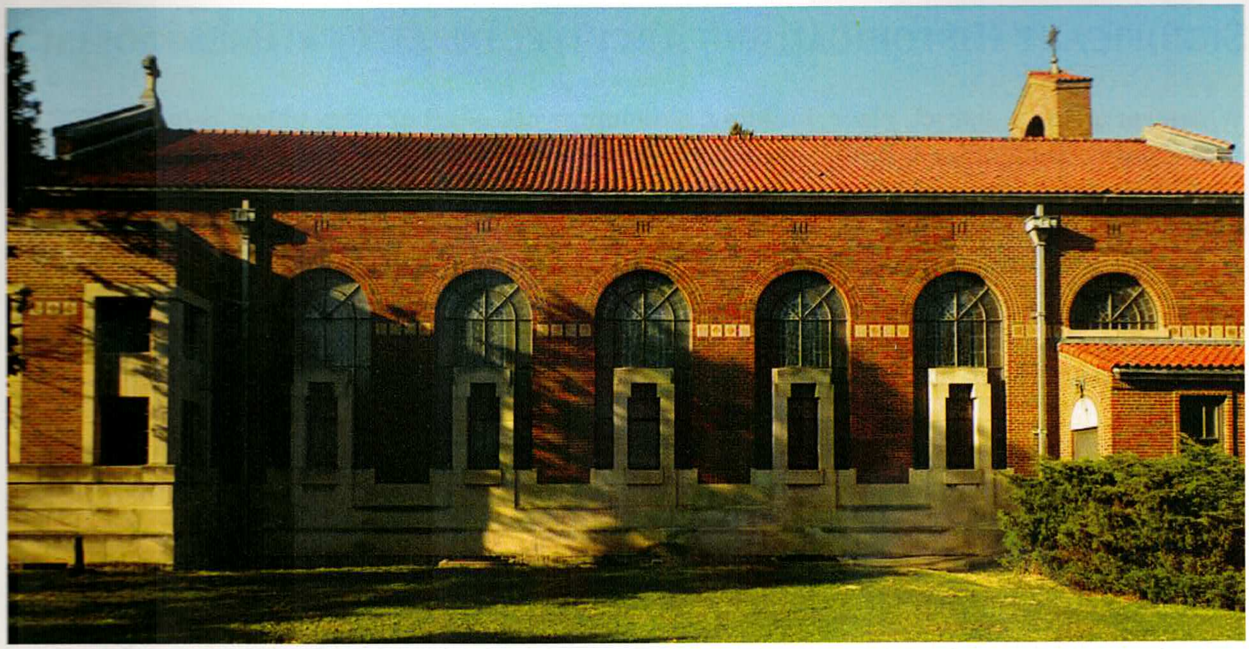
- The Municipal Tuberculosis Sanitarium's landscape and campus plan was designed by landscape gardener Ossian C. Simonds who closely followed the growing Prairie movement in landscape design which emphasized the use of native plants in landscape design. Simonds designed dozens of cemeteries and parks in Illinois and around the Great Lakes region, including Graceland Cemetery, portions of Lincoln Park, several West Side parks.

- Architect Jarvis Hunt designed the Laboratory Building and the Infirmary Building at Municipal Tuberculosis Sanitarium in 1919, as well as several additions to buildings. Jarvis came to Chicago in 1893 to design the Vermont Pavilion at the World's Columbian Exposition. After the Fair, Hunt designed large summer homes and substantial suburban residences, as well as the original buildings at the Great Lakes Naval Station in Waukegan, Illinois.

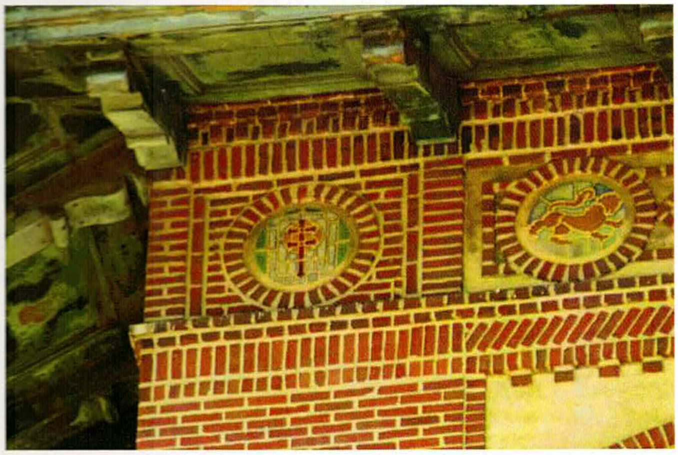
INTEGRITY

It must have "a significant historic, community, architectural or aesthetic interest or value, the integrity of which is preserved in light of its location, design, setting, materials, workmanship, and ability to express such historic, community, architectural, or aesthetic interest or value."

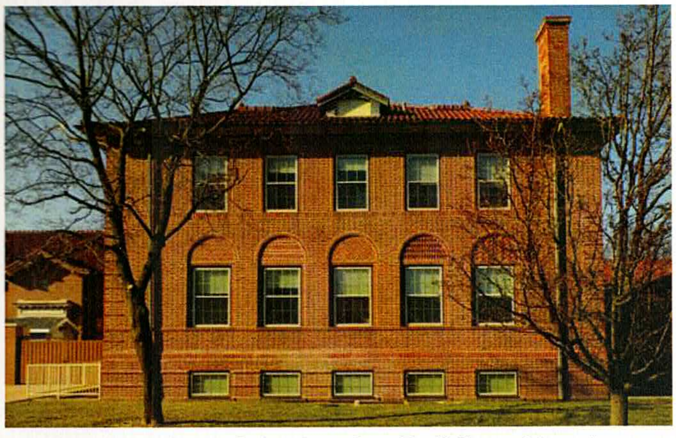
The Chicago Municipal Tuberculosis Sanitarium Complex exhibits a high degree of integrity from its period of significance of 1911-1939. The sanitarium's historic buildings remain in their original location and its park-like setting has remained consistent. While most of the buildings have been adapted to new uses, the design, materials and form of the surviving historic buildings remains. The most significant changes to the original sanitarium campus have been the removal of wood-frame patient cottages and a nurses' home. Additions to the campus outside the period of significance include the metal and glass canopies covering the walkways added during the 1970s, and the annexes added to the infirmary building in the 1980s when it was converted to senior housing. The most prevalent changes to individual buildings include replacement windows and doors, replacement of screen porch openings with windows and the infilling of window openings with brick. Despite these changes, the sanitarium continues to express its historic and architectural values.



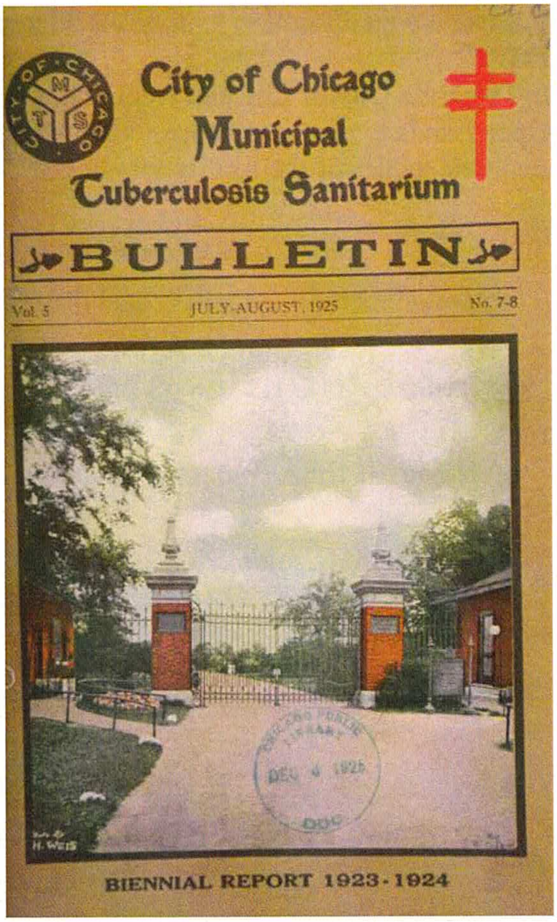
South elevation of the church showing fenestration and stone trim.



Detail of the eaves and frieze of the Power House tower. The tile mosaic at left represents the Cross of Lorraine.



South elevation of the Service Building. Showing tympanum with different brick patterns.



City of Chicago
Municipal
Tuberculosis Sanitarium

BULLETIN

Vol. 5 JULY-AUGUST, 1925 No. 7-8

BIENNIAL REPORT 1923-1924

CHICAGO PUBLIC LIBRARY
DEC 4 1926

Cover of an issue of the Bulletin of the Municipal Tuberculosis Sanitarium. The main entrance gates and gate house are depicted. Chicago Public Library

SIGNIFICANT HISTORICAL AND ARCHITECTURAL FEATURES

Whenever an area, district, place, building, structure, work of art or other object is under consideration for landmark designation, the Commission on Chicago Landmarks is required to identify the "significant historical and architectural features" of the property. This is done to enable the owners and the public to understand which elements are considered most important to preserve the historical and architectural character of the proposed landmark.

Based upon its evaluation of the Municipal Tuberculosis Sanitarium Complex, the Commission staff recommends that the significant features be identified as:

- All exterior elevations, including rooflines, of the buildings visible from public rights of way.

The 1970s covered walkways, 1980s annexes to the Infirmary Building, the free-standing round chimney at the Power House, and the Barn/Paint Shop (EWC Shops Building) are specifically excluded from the significant features and the Commission may approve more significant changes or demolition of these features. The foregoing is not intended to limit the Commission's discretion to approve other changes.

In 1989, the City of Chicago entered into a Conservation Easement with the Corporation for Open Lands to preserve, protect and maintain the ecological, public open space areas and aesthetic values of the former sanitarium.

BIBLIOGRAPHY

Articles

Advertisement "American Face Brick Association," *The Architect and Engineer*, February 1922: 121.

Advertisement "Henry Marble Co.," *American Contractor*, January 2, 1915: 11.

Advertisement "Ludowici-Celadon Company," *The Architectural Forum*, June 1919: 1.

"Auditorium," *American Contractor*, August 31, 1918: 34.

Bulletin of the City of Chicago Municipal Tuberculosis Sanitarium. [Various issues beginning in 1915].

Croly, Herbert. "Examples of the Work of Otis & Clark," *The Architectural Record*, 37(5) May 1915: 385-409.

"Dr. Sachs Laid to Final Rest at Naperville," *The Sentinel*, 22(1) April 7, 1916: 1-2, 20.

Erickson, C. A. "The Chicago Municipal Tuberculosis Sanitarium." *The Brickbuilder*, 24(11) November 1915: 267-272, Plates 151-157.

Fish, Lina Stryker. "A Laundry System Which has Proved Successful," *The Modern Hospital*, December 1918: 433-436.

"Infirmary," *American Contractor*, July 19, 1919: 44.

Jacobs, Philip P. "The Doubled-Barred Cross," The Journal of Outdoor Life," 19(4) April 1922: 109-110.

______. "Theodore B. Sachs," *Journal of Outdoor Life*, 13(5) May 1916: 129-132.

Joravsky, Ben. "Against All Odds: the Preservation of North Park Village," *Chicago Reader*, April 13, 1989.

Kindner, T. B. "The Planning of Children's Preventoria," *Pencil Points*, 11(12) December 1921: 34-36.

Kingsley Sherman C. "Theodore B. Sachs, Martyr," *Jewish Charities*, 6(9) April 1916: 153-156.

Koch, Robert. "Die Aetiologie der Tuberculose" [The Etiology of Tuberculosis]. *Berliner Klinische Wochenschrift [Berlin Clinical Weekly]*, April 10, 1882: 221-230.

"Lewis Memorial," *Annals of St. Joseph*, 1935: 297.

Miller, Wilhelm. "The Prairie Spirit in Landscape Gardening," *Illinois Agricultural Experiment Station*, November 1915: 1-3.

"Municipal Tuberculosis Sanitarium," *American Contractor*, August 18, 1917: 41.

"Municipal Tuberculosis Sanitarium," *Construction News*, April 19, 1913: 8-9.

"Municipal Tuberculosis Sanitarium," *The Economist*, June 14, 1919: 1143.

"New Infirmary for Municipal Sanatorium," *Chicago Medical Recorder*, January 1917: 44.

"Plans for the Infirmary Group of Buildings," *Engineering News*, 69(16) April 17, 1913: 806.

Robertson, John Dill. "Chicago's Tuberculosis Problem." *American Journal of Public Health.* April 1918: 277-287.

Rosenthal, Sol Roy, et all. "BGC Vaccination Against Tuberculosis in Chicago," Pediatrics, 28 (4) October 1961.

Sachs, Theodore B. "Chicago's Plan for Municipal Control of Tuberculosis," *The Survey*, January 30, 1915: 461-462.

______. "Provision for Infants in the Chicago Municipal Tuberculosis," *Journal of the American Medical Association*, January 2, 1915: 72.

"Sanitarium," *The Economist*, June 17, 1916: 1223.

"Stables" (Animal House), *American Contractor*, August 4, 1917: 49.

Stenn, Frederick. "Medicine in Chicago, 1803-1963; The Contributions of Theodore B, Sachs and Henry B. Favill." *The Journal of the International College of Surgeons*, 41(1) January 1964: 91-99.

"Temporary Appointments." *The City Club Bulletin*, December 16, 1915: 151.

"Theodore Bernard Sachs, 1868 – 1916," *The Proceedings of the Institute of Medicine of Chicago*, 1917: 14-19.

"Theodore Bernard Sachs, '95," *The Alumni Quarterly and Fortnightly Notes*, 1(1) October 1, 1915: 312.

"Regulation of Tuberculosis Sanatoriums. Counties Authorized to Establish and Maintain." Act of June 28, 1915. *Public Health Reports*, 31(11) March 17, 1916: 743-746.

"Ward Building," *American Contractor*, June 16, 1917: 42.

Wilson, Thomas. "Heating Chicago's Tuberculosis Sanitarium," *Power*, 45(9) February 27, 1917: 270-273.

Wing, Frank W. "Creating a Municipal Tuberculosis Sanitarium by Referendum." *American Journal of Public Health.* 4(11) November 1914: 1060-1063.

Newspapers

"$500,000 Annex to Tuberculosis Refuge Ordered," *Chicago Daily Tribune*, August 21, 1926: 9.

"85 Acres for Sanitarium," *Chicago Daily Tribune*, December 1, 1910: 19.

"A Jim Crow Clinic for Colored Folk," *The Chicago Defender*, January 14, 1911: 3.

"Campaign Posters," *The Topeka State Journal*, March 16, 1909: 12.

"Chicago Municipal Tuberculosis Sanitarium, Center of Politics and Tragedy," *Chicago Daily Tribune*, April 3, 1916: 3.

"City to Prevent Tuberculosis by New Vaccine," *Chicago Daily Tribune*, June 13, 1934.

Dombrowski, Louis. "Jewel Paint in Chicago for 75 Years: Run 3 Generations by Clark Family," *Chicago Daily Tribune*, March 26, 1961: A14.

"Dr. Sachs Kills Himself: Pens Message on Spoils Evil to the Public," *Chicago Daily Tribune*, April 3, 1916: 1.

"Edward Glackin, In Public Office 42 Years, Is Dead," *Chicago Daily Tribune*, June 17, 1939: 12.

"Expert Praises Chicago System for Fighting T.B.," *Chicago Daily Tribune*, April 7, 1929: 3.

"Fight for Sanitarium Site," *Chicago Daily Tribune*, January 17, 1911: 9.

"Find Plague Hospital Site," *Chicago Daily Tribune*, September 27, 1910: 13.

Gibbons, Roy. "TB Deaths Cut 20 Pct. In City in Single Year," *Chicago Daily Tribune*, August 22, 1951: 1.

______. "M.T.S. Slashes its Death Rate Under Mayor," *Chicago Daily Tribune*, February 15, 1955: 3.

______. "400 Bed State TB Sanitarium Sets Records," *Chicago Daily Tribune*, December 21, 1958: 14.

Glover, James W. "Huge Toll by City to Tuberculosis," *Chicago Daily Tribune*, April 5, 1909: 1.

Hyde, Henry M. "Chicago Winning in Long Contest on Tuberculosis," *Chicago Daily Tribune*, January 13, 1914: 1.

Johnson, Dorothy. "Chicago Fights Tuberculosis in Modern Way," *Chicago Daily Tribune*, January 18, 1945: 13.

"New Unit for Tuberculosis Sanitarium," *Chicago Daily Tribune*, September 12, 1926: 8.

"No Color Line in Treating White Plague Victims," *The Chicago Defender*, May 22, 1915: 1.

"O. C. Simonds, Park Designer, Taken by Death," *Chicago Daily Tribune*, November 22, 1931: 16.

"Plan $500,000 Buildings for Suburban No-Man's Land," *Chicago Daily Tribune*, March 25, 1928: B1.

Rodkin, Dennis. "A Healing Vision Designed by Jens Jensen. A Long-Neglected 'Children's Camp' for TB

"Row Over Sachs Starts War on All 'Knockers'," *Chicago Daily Tribune*, March 23, 1916: 13.

"Patient is Ripe for Recovery," *The Chicago Tribune*, February 6, 2000: 10, 17.

"Sachs' Trouble with Robertson Bared by Wing," *Chicago Daily Tribune*, May 18, 1916: 15.

Schreiber, Edward and Fred Orehek. "TB Sanitarium Site Will Serve Elderly and Vets," *Chicago Tribune*, November 7, 1975: A1.

"The Tubercular Parasite," *The Chicago Daily Tribune*, May 7, 1882: 4.

"The Widow," *Chicago Daily Tribune*, April 3, 1916: 2.

"Transfer Site for Sanitarium," *Chicago Daily Tribune*, February 24, 1911: 3.

"Tuberculosis Sanitarium 4 Story Annex Dedicated," *Chicago Daily Tribune*, February 18, 1928: 15.

"Will Fight White Plague," *Chicago Daily Tribune*, October 11, 1904: 7.

"Women Patients Issue Defi to Negro Doctor," *Chicago Daily Tribune*, January 31, 1917: 3.

Books

Biennial Report of the Department of Health of the City of Chicago for the Years 1904-1905, Chicago: 1906.

Calendar of the University of Michigan for 1876-7. Ann Arbor: University of Michigan, 1877.

Carrington, Thomas Spees. *Some Plans and Suggestions for Housing Consumptives*. New York: The National Association for the Study and Prevention of Tuberculosis, 1909.

________. *Tuberculosis Hospital and Sanatorium Construction*. New York: The National Association for the Study and Prevention of Tuberculosis, 1911, 1914.

City Club of Chicago – Year Book 1904, Chicago: 1904.

Dormandy, Thomas. *The White Death: A History of Tuberculosis*. New York: New York University Press, 2000.

Feldberg, Georgina D. *Disease and Class: Tuberculosis and the Shaping of Modern North American Society*. New Brunswick, New Jersey: Rutgers University Press, 1995.

Grese, Robert E. "The Prairie Gardens of O. C. Simonds and Jens Jensen." In *Regional Garden Design in the United States, Volume 15*, edited by Therese O'Malley and Marc Treib, 99 -123. Washington D. C.: Dumbarton Oaks Research Library and Collection, 1995.

Hamilton, Alice. *A Study of Tuberculosis in Chicago*. Chicago: The City Homes Association, 1905.

Hunter, Robert. *Tenement Conditions in Chicago*. Chicago: City Homes Association, 1901.

Jacobs, Philip P. *A Tuberculosis Directory*. New York: The National Association for the Study and Prevention of Tuberculosis, 1911.

Klebs, Arnold C. "Economic and Efficient Construction." In *National Association for the Study and Prevention of Tuberculosis – Transactions of the Fifth Annual Meeting, Washington, D. C., May 13th-15th, 1909*. Philadelphia: Wm. F. Fell Company, 1909.

Knopf, S. Adolphus. *A History of the National Tuberculosis Association*. New York: National Tuberculosis Association, 1922.

Olsen, Ernest W. and Martin J. Engber, eds. *History of the Swedes of Illinois*. Part II. Chicago: The Engberg-Holmberg Publishing Company, 1908.

Report of the Department of Health City of Chicago for the years 1881 and 1882. Chicago: Geo. K. Hazalitt & Co. Printers, 1883.

Rothman, Sheila M. *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*. New York: Basic Books, 1994.

Sachs, Theodore B. *The Municipal Control of Tuberculosis in Chicago – City of Chicago Municipal Tuberculosis Sanitarium – Its History and Provisions – To the Mayor and the City Council of the City of Chicago*. Chicago, 1915.

Williams, C. Arch. *The Sanitary District of Chicago – History of its Growth and Development.* Chicago: C. Arch Williams, 1919.

Wing, Jack. *The Great Chicago Lake Tunnel.* Chicago: Jack Wing, 1867: frontispiece.

Other Sources

Ancient Building Permit Files, City of Chicago Department of Buildings. Daley Library, University of Illinois at Chicago.

Chicago Park District Records: Drawings, Park 452, Special Collections, Chicago Public Library.

City of Chicago Municipal Tuberculosis Sanitarium. *Statement of Accounts on the Various Buildings and Contents.* 1915. Chicago Public Library.

_______. *Municipal Tuberculosis Sanitarium Investigation.* 1916. Chicago Public Library.

_______. *General Rules and Regulations of the City of Chicago Municipal Tuberculosis Sanitarium.* 1918. Chicago Public Library.

_______. *Here Is the Story of One of the Largest Control Programs of Its Kind in the World.* 1953. Chicago Public Library.

_______. *Golden Anniversary, 1915 – 1965.* 1965.Chicago Public Library.

Edwin H. Clark (1878-1967) Papers, 1885-1960; 1995.1. Ryerson and Burnham Archives, Art Institute of Chicago.

Illinois State Geological Survey, Aerial Photograph #07017, November 24, 1938.

Jens Jensen drawings and papers, Bentley Historical Library, University of Michigan.

The Chicago Municipal Tuberculosis Sanitarium and its Various Agencies. 1915. Chicago Public Library.

United States Decennial Census, [various years].

ACKNOWLEDGMENTS

CITY OF CHICAGO
Rahm Emanuel, Mayor

Department of Planning and Development
David Reifman, Commissioner
Eleanor Esser Gorski, Bureau Chief; Planning, Historic Preservation & Sustainability Bureau

Project Staff
Matt Wicklund, Applied Real Estate Analysis, Inc. (consultant), research, writing, photography, and layout
Matt Crawford (project manager), editing
Bethany Claus Widick, Hannah Allen (interns), research

View of the Laboratory Building looking northeast across a baseball diamond that served as an ice skating pond in winter, c. 1925.
***Monthly Bulletin of MTS*, March 1925.**

COMMISSION ON CHICAGO LANDMARKS
Rafael M. Leon, Chairman
James M. Houlihan, Vice-President
David L. Reifman, Secretary
Gabriel Ignacio Dziekiewicz
Juan Gabriel Moreno
Carmen Rossi
Mary Ann Smith
Richard Tolliver
Ernest C. Wong

The Commission is staffed by the:

DPD | CHICAGO DEPARTMENT OF PLANNING & DEVELOPMENT

Department of Planning and Development
Bureau of Planning, Historic Preservation and Sustainability
City Hall, 121 N. LaSalle St., Room 1000
Chicago, Illinois 60602
312.744.3200 (TEL)
http://www.cityofchicago.org/landmarks

Printed September 2018; revised and reprinted October 2018.